

CLAIMS FORM



Full Name:	Phone Residence: Phone Business:
Address:	Fax Number:
	Delivery Date:
When and to whom did you first notify the loss?	

Inventory # (See Note 3)	Description of Article	Cause of Loss (See Note 4)	Sum Insured	Replacement Cost/Repair
			Total amount Claimed (specify currency)	

THE ACTUAL VALUE OF MY SHIPMENT AT ORIGIN WAS (TO THE NEAREST \$100):

\$ _____

I certify that the claim presented is correct and truthful and that no material fact has been omitted.

Signed: _____ Date: _____

Notes for completion of the Claims Form

Please try to complete the claims form with as much detail as you can. In certain circumstances we may appoint a Loss Adjuster to review your claim.

Listed below are some guidelines to help you complete this form:

Telephone Numbers: Please provide us with your phone number so that we can contact you quickly if we need additional information about your claim.

Disposal of Damaged Items: Please do not dispose of any damaged items because we may wish to inspect them.

Filing Limit: All Claims for shipments insured by Allied International/USA must be received within 30 days from the date of delivery of your shipment.

Inventory #: Please include the Inventory Number which you will find on the Packing Inventory.

Cause of Loss: In order that we can improve our quality and service, please indicate the cause of loss from the list shown below:

1. Denting/Chipping	5. Non Delivery
2. Scratched	6. Breakage
3. Wettage	7. Stained/Marked
4. Fire	8. Total Loss

You should send your completed claim form to:

**Allied International Claims Center
P.O. Box 4403
Chicago, IL 60680**

**Phone: 630-570-3500
Toll Free: 800-323-1909
Fax: 630-570-3496**