

UNIRISC CLAIM FORM

NAME			CLIENT # FEIS 38919 - SWI		ORIGIN ADDRESS			
MAILING ADDRESS:			NAME OF MOVING COMPANY			CERTIFICATE NUMBER		
DESTINATION ADDRESS IF DIFFERENT FROM MAILING:			DATE OF PICKUP		DATE OF DELIVERY		CARRIER REFERENCE NUMBER	
Inventory Number	Description of Article	Description of Damage	Purchase Date	Purchase Price	Replacement Cost	Amount Claimed	Amount Allowed	
TOTALS:								

Home Phone Number

Cell Number

Work Number

E-Mail Address

I AM THE OWNER OF THE PROPERTY DESCRIBED. I DID NOT CAUSE OR CONTRIBUTE TO THE DAMAGE CLAIMED. ALL STATEMENTS MADE ON THIS CLAIM FORM AND ANY ATTACHED DOCUMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND CONSTITUTE MY COMPLETE AND ENTIRE CLAIM. NO MATERIAL INFORMATION HAS BEEN WITHHELD. I HEREBY ASSIGN AND TRANSFER TO UNIRISC ANY AND ALL CLAIMS AND RECOVERIES ARISING OUT OF THE SHIPMENT OF MY GOODS.

DO NOT DISCARD OR REPAIR ANY ITEM PRIOR TO CONTACTING UNIRISC. ATTACHING COPIES OF ESTIMATES OF REPAIR, DOCUMENTS FROM THE MOVERS, PURCHASE RECEIPTS, APPRAISALS OR OTHER DOCUMENTATION SUBSTANTIATING THE AMOUNTS CLAIMED WILL EXPIDITE THE CLAIM.

CLAIMANT'S SIGNATURE

DATE

E-MAIL



How to file a Claim:

You can file your claim either on-line **or** by submitting a hard copy of a claim form by fax or mail.

Please remember; your damaged items may need to be inspected. ***Please do not discard or attempt to repair any claimed item without consent from Unirisc, or do anything that may contribute to the damage; or compromise our ability to inspect the item.***

*Please remember to file your claim within **90 days of the date of final delivery**, and list all damaged/lost items in your claim. File no more than one claim per shipment.*

*Should you have an **emergency-type** claim such as an overturned trailer, fire, or flood damage, **please contact UNIRISC or your mover as soon as possible.***

1. Fill in information requested in the blocks on the top of the form.
2. In the **Inv. No** column: locate the damaged or missing item on the mover's inventory and list the number assigned to it. If you do not have a copy of the mover's inventory you can skip this step.
3. In the **Description of Article** column: please identify the item and include the brand name if applicable (i.e. Sony 50" TV).
4. In the **Nature and Extent of Damage** column: Describe in detail (i.e., right leg broken, top chipped)
5. In the **Date of Purchase** and **Replacement Cost** columns: List the date of purchase of the item and the cost to replace the item now. If the item was given to you, list the date of the gift and its estimated value.

LIST YOUR AMOUNTS CLAIMED. THIS AMOUNT IS SUPPORTED BY THE ESTIMATED COSTS TO REPAIR OR REPLACE THE CLAIMED ITEM. REPLACEMENT COST WILL ONLY APPLY TO ITEMS THAT CANNOT BE REPAIRED. UNIRISC HAS A NETWORK OF REPAIR FIRMS AROUND THE WORLD, BUT DOES NOT HAVE ONE IN EVERY CITY SO YOU MAY BE ASKED TO PROVIDE ESTIMATES OF REPAIR FOR YOUR DAMAGED ITEMS. ANY REASONABLE FEE CHARGED TO OBTAIN THE ESTIMATE WILL BE REIMBURSED. DO NOT REPAIR OR DISCARD ANY ITEMS UNTIL YOUR CLAIM IS SETTLED.

IF YOU HAVE EMERGENCY ITEMS SUCH AS A WET SHIPMENT OR A DAMAGED CONTAINER, AND IT IS AFTER NORMAL BUSINESS HOURS, YOU MAY CONTACT THE LOCAL LLOYD'S OF LONDON SURVEY AGENT FOR ASSISTANCE WITH YOUR CLAIM. YOUR DELIVERY AGENT SHOULD BE ABLE TO HELP YOU WITH THIS.

IF YOUR ESTIMATES, PURCHASE RECEIPTS OR SUBSTANTIATION OF VALUE FOR THE CLAIMED ITEMS IS IN A LANGUAGE OTHER THAN ENGLISH, THIS IS NOT A PROBLEM AS UNIRISC WILL HAVE THE DOCUMENTATION TRANSLATED. PLEASE NOTE WHICH CURRENCY YOU WOULD LIKE TO RECEIVE YOUR CLAIM PAYMENT IN. SHOULD YOU WISH FUNDS WIRED TO YOU IN THE CURRENCY OF YOUR COUNTRY, LET US KNOW THIS AND SUPPLY YOUR BANK NAME, ADDRESS, ROUTING NUMBER, AND ACCOUNT NUMBER AND NAME.

**Send your completed claim form and all supporting documentation via mail, fax or email to
UNIRISC**

**A UNIRISC adjuster or an assigned repair firm or Survey Agent will contact you soon after receiving
your claim.**

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