

Claim Declaration Form



NAME OF CUSTOMER				
CUSTOMER ADDRESS (DESTINATION)				
CITY/COUNTRY OF ORIGIN				
NAME OF YOUR HRN COMPANY				
CERTIFICATE OF INSURANCE NO				
TOTAL INSURED VALUE	CURRENCY		AMOUNT	

IMPORTANT:

- ALL DAMAGES AND/OR LOSSES ARE TO BE REPORTED WITHOUT DELAY, TIME BEING OF THE ESSENCE, TO THE COMPANY MENTIONED ON THE REVERSE OF YOUR INSURANCE CERTIFICATE.
- REFERENCE IS MADE TO THE INFORMATION AND CLAIM REPORTING INSTRUCTIONS SPECIFIED ON THE REVERSE OF YOUR INSURANCE CERTIFICATE. PLEASE READ THESE CAREFULLY BEFORE FILING YOUR INSURANCE CLAIM.
- PLEASE KEEP DAMAGED ITEMS FOR EXAMINATION UNTIL YOUR CLAIM HAS BEEN SETTLED.
- IN INSTANCES WHERE ARTICLES ARE CLAIMED AS MISSING, PLEASE WRITE THE PACKING INVENTORY NUMBER IN THE SPACE PROVIDED.
- ANY ORDERS FOR REPAIR AND/OR REPLACEMENT REMAIN YOUR OWN RESPONSIBILITY.
- THE UNDERWRITERS RESERVE THE RIGHT TO REQUEST A SURVEY REPORT. IF SO, YOU WILL BE INFORMED ABOUT WHOM TO CONTACT FOR AN APPOINTMENT.
- PLEASE ASSESS THE AMOUNT OF DAMAGE AND/OR LOSS AS ACCURATELY AS POSSIBLE AND INCLUDE DETAILED ESTIMATES FOR REPAIR (IF APPLICABLE). PHOTOGRAPHS OF DAMAGED ITEMS MAY BE REQUIRED.
- TO AVOID ANY DELAY IN THE SETTLEMENT OF YOUR CLAIM, PLEASE COMPLETE AND SIGN ALL DETAILS ON THIS PAGE AND OVERLEAF.

1. DOES YOUR CLAIM INVOLVE : DAMAGE YES NO
LOSS YES NO

2. PLACE AND DATE(S) OF DELIVERY : PLACE DATE

3. NAME OF THE COMPANY WHO DELIVERED YOUR GOODS :

4. PLACE AND DATE OF DISCOVERY : PLACE DATE

5. TOTAL AMOUNT OF CLAIM : AMOUNT CURRENCY

6. ADDITIONAL COMMENTS

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I CERTIFY THAT THE CLAIM PRESENTED IS CORRECT AND TRUTHFUL AND THAT NO MATERIAL INFORMATION HAS BEEN OMITTED. I UNDERSTAND THAT IF THE CLAIM IS IN ANY RESPECT FRAUDULENT ALL BENEFITS UNDER THE INSURANCE WILL BE FORFEITED.

SIGNATURE..... DATE

SPECIFICATION OF THE DAMAGED OR LOST GOODS



Category on Valued Inventory (e.g. A2)	Number on Packing List	Description of Item	Please specify nature of Damage or loss sustained (e.g. missing, broken, chipped, internal damage)	Replacement cost as new at destination	Insured Value	Amount of claim (please specify currency)

PLEASE CONTINUE ON A SEPARATE SHEET IF REQUIRED.

TOTAL AMOUNT OF CLAIM:

IN ORDER TO PREVENT POSSIBLE DELAYS WITH YOUR CLAIM PLEASE ENSURE THAT THE FOLLOWING DOCUMENTS ARE SUBMITTED WITH YOUR CLAIM FORM AND WITHIN 60 DAYS OF YOUR INITIAL NOTIFICATION.

ENCLOSURES

- ✓ ORIGINAL CONFIRMATION OF INSURANCE
- ✓ COPY OF APPLICATION FOR INSURANCE (VALUED INVENTORY)
- ✓ WRITTEN PROFESSIONAL ESTIMATES OF REPAIR
- ✓ WRITTEN PROFESSIONAL ESTIMATES OF REPLACEMENT FOR MISSING ITEM OR ITEMS. ITEMS BEYOND REPAIR SHOULD BE VERIFIED IN WRITING BY A PROFESSIONAL SOURCE
- ✓ PHOTOGRAPHS OF ALL DAMAGED ITEMS
- ✓ PACKING LIST
- ✓ COPY OF THE FORM YOU SIGNED WHEN YOU TOOK POSSESSION OF YOUR GOODS (DELIVERY RECEIPT)
- ✓ PRE-SHIPMENT AND DESTINATION AUTOMOBILE REPORTS (IF APPLICABLE – i.e. IF YOUR VEHICLE SUSTAINED DAMAGE IN TRANSIT)

DETAILS OF YOUR BANK ACCOUNT

BANK NAME:
BANK ADDRESS:
BRANCH/SORT CODE:
ACCOUNT NUMBER:
NAME OF ACCOUNT HOLDER:

THE UNDERSIGNED HEREBY DECLARES THAT ALL DETAILS GIVEN ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF, CORRECT IN EVERY DETAIL.

SIGNATURE

DATE

PLEASE MAIL THIS FORM AND ENCLOSURES WITHOUT DELAY to claimsharmony@overvliet.nl , TIME BEING OF THE ESSENCE, TO YOUR REMOVAL COMPANY.