

CLAIMS CHECKLIST

GOODS IN TRANSIT AND STORAGE

In order to assist in the processing of your goods in transit claim we have put together a checklist to ensure that you include the correct paperwork to support your claim. Please ensure that you read this checklist carefully as failure to supply correct documents may delay the assessment of your claim.

Please note that it even though you have completed this checklist, there may be occasions when our appointed claims handlers require further information in addition to the contents of this checklist.

DOCUMENTS REQUIRED

Please note we do not require original receipts, estimates for repair, engineer or restorer reports. Clear/legible scanned copies or photographs of these documents are acceptable by email. Retain the originals and keep them safe in case we do need to see the originals.

Goods lost or damaged:

- Purchase receipts for items being claimed for;
- Repair estimate or confirmation that item is beyond economical repair from reputable retailer;
- Confirmation that damaged items is available for inspection or collection if necessary for further assessment and its location;
- Proof of value and if necessary ownership;
- Photos:
 - ◇ Images of the entire item front, back and sides;
 - ◇ Close up pictures of the damage with an item, such as a coin or ruler, next to the damage to give an idea of scale;
 - ◇ Images of the broken parts;
 - ◇ Manufacturers labels;
 - ◇ Model number;
 - ◇ For china or ceramic items, the manufacturers mark usually found on the bottom of the item.
 - ◇ Any other photos you may think might assist with the claim such as pictures of the damaged item showing its pre-move condition;
 - ◇ With each photo please provide a short description of what the photo shows;
 - ◇ Photograph the item in good light so the damage can be clearly seen;
 - ◇ Photograph the item on its own and not with other items;
 - ◇ Please do not send us any photographs which are blurred, poor quality, or are difficult to interpret as to what they show or are intended to show as this will not assist us/claims handlers in considering your claim.

Lost goods:

- Detailed description or photo of lost item;
- If a stored item, its number on the storage inventory;
- Proof of value and ownership;
- Purchase receipts;
- Police crime number if it is alleged that the item has been stolen

YOUR DETAILS

How we deal with your personal information:

The information provided below will be used solely for the processing of your insurance claim and will not be shared with any third parties other than for the purposes of dealing with your claim. By providing these details you agree that we can share your information with third parties who may appoint to assist us in dealing with your claim such as restorers, appliance engineers, loss adjusters. The appointment of such third parties will be at our discretion. More details can be found in our Privacy Policy which can be found in the Insurance Guide

Title:		First name		Surname	
Address					
Postcode					
Email address					
Phone number			Mobile number		

DETAILS OF CLAIM

Incident date:	
<p>Please describe in detail the circumstances leading up to the claim and how you think the loss or damage occurred. If you need more space please use another sheet and number the pages and sign and date them.</p>	

ITEMS FOR WHICH YOU WISH TO CLAIM

Item	Lost/Damaged?	Amount claimed	Basis of claim (cost of repair or replacement)	Additional information you consider maybe helpful

CLAIM DECLARATION

- I/We declare that all the detail provided above and in subsequent responses to requests for additional information is true and accurate to the best of my knowledge.
- I/We give consent for he Amica for AXA Versicherung AG and Others to seek recovery of monies paid where other insurers cover the same risk, or from third parties who may be held liable.
- I/We understand that if a claim is found to be fraudulent or exaggerated this will invalidate the whole claim and The Amica Insurance Company DAC may seek to recover any costs through the civil courts;
- I/We understand that where a claim or claims are made on behalf of others, I/We have the full authority to act on their behalf and I confirm that I understand that neither he Amica for AXA Versicherung AG and Others , their appointed claim handlers or the remover will accept any liability or responsibly if any payments are not distributed proportionately to the persons concerned

Signature	
Print name	
Date	

CONSENT

I give my authority for you to communicate with the following person/people who I may wish to contact you or appoint as my representative whilst my claim is being processed.

Full name	
Telephone number	
E mail	
Address	

Full name	
Telephone number	
E mail	
Address	

Your signature	
Date	