Claim Form Issued By: International Claims Agency Ltd, Kent Innovation Centre, Thanet Reach Business Park, Northwood Road, Broadstairs, Kent CT10 2QQ

Tel: 01843 609320 Fax: 01843 609319 e-mail: claims@icaltd.co.uk

For Completion By Clair	mant		
Name of Removal Contractor			
Name of Claimant			
Telephone number			
Contact Address			
Collection / Delivery Date			
Certificate Number			
<u>Notification</u>			
with the remover and wheth movements should be notified	ally timescales within which claims must initially be ner Marine Cargo Insurance was arranged. Gene ed in writing within 7 (seven) days, and deep-se ery. Please refer to your contract / insurance docu	rally claims in re a / airfreight cl	espect of all UK / European road aims should be notified in writing
Required Documents			
60 days of the original notifi	the processing of our claim, please supply the folloication of your claim. If it is not possible for you writing the reason for the delay, as failure to p	to submit this	documentation with 60 days of
claim dependent ar Copy of application Copy of packing/sh Copy of signed deliv Photographic evide Independent writter Where an item is da		riginal certificat	e.) ofessional source
	le of damaged/missing items as fully as possible.		
The completed form sho	ould then be returned to International Cl	aims Agency	/ Lfd
Please provide any addition	onal information which you feel may assist in	the processing	g of your claim
Signature		Date	

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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)

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