PRESENTATION OF LOSS/DAMAGE CLAIM

Please read the instructions on the reverse of this form before preparing and mailing it to I.T.I. It is important that the claim form be filled out completely and the necessary documents submitted at the same time. (rev: 05/2007)

AssuredAddress				Home Ph #			
INV. NO.	ITEM	NATURE OF DAMAGE	ITEM AGE	DATE ACQUIRED	ORIGINAL COST	REPLACEMENT PRICE	AMOUNT CLAIMED
The und	YS MAY BE REQUIRED IF lersigned, signer of the foreind exhibits attached hereto	going statement, here	eby mak	es a solemn o	oath to the tr		
to certify receive	y that I/we have not receive this merchandise, from any n paid, I/we will return the n	ved any merchandise source, I/we will pro	e claime mptly no	ed short/missi otify I.T.I. and	ing, from and I delete the i	y source, to date tems from the cla	Should I/we im, or if claim
	ine Boulevard • Irvine, CA 9 95-7220 • (800) 251-0678 • I		Sign				

E-mail: iti@intertransins.com

Instructions for Preparation of Loss/Damage Claim Form

- No claim will be considered properly presented until the company has received the completed form, signed by the claimant, and accompanied by the required documents and indicating a demand for a specific amount of money. ALL CLAIMS MUST BE SUBMITTED TO I.T.I. WITHIN 45 DAYS OF DELIVERY. Incomplete claim forms will not be processed and will be returned for completion.
- 2. Note the following "Details of Claim" section of form:
 - a. **Inventory Number:** Whenever possible, indicate the corresponding "number" shown on the inventory. On packed items, indicate the container number.
 - b. **Description of Item:** Describe each item for which claim is being made. If claiming for missing items, the contents of the containers must be identified as accurately as possible.
 - c. **Nature of Claim:** Indicate type, severity, and location of damage on each article.
 - d. **Item Age, Date Acquired, Original Cost, Replacement Price:** Please complete entries in these columns as accurately as possible.
 - e. **Amount Claimed:** If the claim is for damage, enter only the cost of repairing the item. If the claim is for loss, enter the replacement cost of the missing item or the amount stated on the valued inventory. The Underwriter reserves the right to require proof of ownership and/or value of any item claimed damaged or missing.
 - f. **Salvage**: If the Underwriters replace, make a total loss payment, or pay the insured amount as shown on the valued inventory for a damaged article, they, at their option, have the right to salvage the damaged article. The Underwriters also reserve the right to inspect and verify the claimed damages on any item.
- 3. On claims for damages to household goods items, WE REQUIRE BOTH PICTURES AND REPAIR ESTIMATES. Repair estimates should be made by an appliance/furniture repair firm, or marine surveyor, on their letterhead. Attach to claim form. Appraisal fees are not covered by this insurance contract. DO NOT PROCEED WITH REPAIRS WITHOUT WRITTEN AUTHORIZATION FROM I.T.I.
- 4. Attach copy of mover's inventory, delivery exceptions, bill of lading, assured's copy of insurance certificate, and other documents to support the claim.
- 5. If the damage exceeds US\$1,000.00, a survey MAY be required. Upon notification of a claim, I.T.I. will immediately assign a survey agent if it is deemed necessary.
- 6. In order to protect the underwriter's interest, we ask that you IMMEDIATELY write a letter to the air or ocean carrier who transported your shipment and also to the origin and destination agents. Advise them that loss or damage has occured to your property. Enclose copies of these letters with your Claim Presentation Form.
- 7. We suggest that you send your claim form by registered mail so you will have proof that the 45 day time limitation requirement has been met.

CLAIM REPORTING INSTRUCTIONS

IN THE EVENT OF LOSS OR DAMAGE BELIEVED COVERED BY THIS DOCUMENT, REPORT SAME IMMEDIATELY TO INTER TRANS INSURANCE SERVICE, INC. AND YOUR MOVER. ALL CLAIMS MUST BE SUBMITTED WITHIN 45 DAYS AFTER DELIVERY.

Complete the claim form (included with this packet) following the instructions printed on the reverse. NO CLAIM WILL BE CONSIDERED PROPERLY PRESENTED UNTIL THE COMPANY HAS RECEIVED THE COMPLETED FORM, SIGNED BY THE CLAIMANT, ACCOMPANIED BY THE REQUIRED DOCUMENTS AND INDICATING A DEMAND FOR A SPECIFIC AMOUNT OF MONEY. AIRMAIL YOUR CLAIM WITH REQUIRED DOCUMENTS ATTACHED TO:

Inter Trans Insurance Services, Inc. 9311 Irvine Boulevard Irvine, CA 92618 Telephone (949) 305-7220 (800) 251-0678 FAX: (949) 305-7241

E-Mail: iti@intertransins.com

Your claim may also be filed on line by accessing the I.T.I. website at www.intertransins.com.

If the damage claim exceeds US\$1,000.00, a survey MAY be required. Upon notification of a claim, I.T.I. will immediately assign a survey agent if it is deemed necessary.

If a surveyor has been assigned you, their fees may be included in any valid claim against this certificate.

The container and contents should be preserved in the condition received until the survey or inspection has been completed unless further damage would result. The insurance company reserves the right to inspect and verify all reported damages or to ask for substantiation of any claimed amounts. Appraisal fees are not covered by this certificate. The disposal or additional transport of any damaged item(s) is prohibited unless approval has been obtained from I.T.I. or your claim has been completed.