

# IMPORTANT INSURANCE INFORMATION

## For International Removals

YOUR INSURANCE TERMS AND CONDITIONS ARE SUMMARISED ON THE BACK OF YOUR CERTIFICATE OF INSURANCE AND APPLICATION FORM

*When you entrust your effects to us, you know that they are in the best of care. However, sometimes the unexpected can happen. That's where All-Risks Goods In- Transit insurance comes in.*

- **Help and Assistance**

If you are in any doubt on how to complete any of the enclosed documentation please do not hesitate to contact the Carrier.

- **Your Certificate of Insurance**

Please check this document carefully; any discrepancies in the insured value or any other area should immediately be referred to the Carrier who arranged the shipment of your goods.

- **Extending Storage Period**

Storage coverage (during transit only) for up to 30 days at origin is included if in an enclosed warehouse of the Carrier, without additional charges. After this period should you request your goods to stay in storage at the carrier's warehouse, insurance will automatically be extended and premiums charged accordingly.

Storage coverage (during transit only) for up to 30 days at destination is included if in an enclosed warehouse of the approved Carrier's Destination Agent. Should you want to extend insurance coverage past this period please read and fill in the storage extension request form at destination.

Please note that for premium calculations part months are declared as full months, (e.g. 1 month and 10 days is declared as 2 months).

- **How to lodge a claim**

In the event of loss or damage, it is important that you refer to the "Claims Guidelines" attached herewith. This will provide you with full details on how to lodge a claim.

**PLEASE NOTE: If you have taken out All Risk Transit Insurance through us, we must bring to your attention the fact that this insurance cover ends once we have delivered your effects to you. This means that the contents of the cartons or items which remain packed and which you wish us to leave with you without us professionally unpacking them will not be covered by insurance from this point.**

## STORAGE INSURANCE EXTENSION REQUEST FORM AT DESTINATION

If you require your storage insurance at destination to be extended beyond the periods stated above, please complete this form and submit it to THE CARRIER, who will contact you to confirm receipt and to submit your payment.

To: the Carrier

Date: \_\_\_\_\_ Insured's Name: \_\_\_\_\_ Insurance certificate no: \_\_\_\_\_

I require additional storage for \_\_\_\_\_ months, until \_\_\_\_\_

### ADDITIONAL PREMIUM CALCULATION *(Please note, part months are calculated as a full month)*

Insured value = £ / US\$ \_\_\_\_\_ x 0.35% = £ / US\$ \_\_\_\_\_  
Additional premium per month

Number of months \_\_\_\_\_ = £ / US\$ \_\_\_\_\_  
Amount due

My remittance will be £ / US\$ \_\_\_\_\_

Please forward confirmation of this insurance to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone no (Area code): \_\_\_\_\_ Fax no: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**PLEASE NOTE THAT INSURERS WILL NOT INSURE FOR STORAGE EXTENSION AT DESTINATION UNTIL THE ADDITIONAL PREMIUM IS RECEIVED BY THE CARRIER**

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Your shipment is insured from the time the property insured is being professionally packed and loaded at the residence or business location of the insured for the commencement of the transit and continues during the ordinary course of transit, including customary transshipment any, until the insured property is delivered to the final destination. If all goods are professionally unpacked by the agent at destination your insurance will cover you for any damage or loss that is declared within 7 days of delivery only. Insurers will not be able to consider any claims after this period.

**Submit to: THE CARRIER** (the origin branch in South Africa who issued the policy)

## INTERNATIONAL CLAIMS GUIDELINES

*In the unfortunate event of a claim the following guidelines will assist to ensure that all claims are processed promptly and efficiently. Another way in which we The Carrier provide you with peace of mind.*

### **Arrival of Goods**

Upon delivery of your effects, we would request that they are checked carefully, and endorse the delivery report to reflect any loss, damages or irregularity. It is important to retain a copy for your records.

**Important:** If you have taken out All Risk Transit Insurance of your effects through us, please note that the cover ends once all effects have been delivered and professionally unpacked. This means that the contents of the cartons or items which remain packed and which you wish us to leave with you without us professionally unpacking them will not be covered by insurance.

All missing items and/or non-delivered goods must be specifically noted on the delivery report at the time of the delivery, failing which such claims will not be entertained by the Insurers.

### **How to lodge a claim**

In the event of any damages or loss in your shipment, please contact THE CARRIER **immediately**.

Please provide the following details:

- a. Your name and certificate of Insurance number.
- b. Nature of loss, and your initial assessment of the amount of the claim.

To comply with terms and conditions you must confirm your loss to us in writing within 7 days after the delivery of your effects.

In order for insurers and its representatives to process your claim we would request that you provide us with the following documentation/information within 30 days after the delivery of your goods:

- a. The fully completed Claim Form (attached).
- b. Photographs of the damaged items (full view and close-up photos of the items).
- c. A copy of your Application Form/Valued Inventory and Original Certificate of Insurance.
- d. Carrier's Packing/General Inventory.
- e. Copy of the delivery report showing damages or irregularities noted at the time of arrival of your goods.

An acknowledgement of your claim will be sent by us to the contact address provided by you on the claim form. For your own convenience please notify us of any address change without delay.

**If you are in any doubt as how to proceed with your claim, please contact THE CARRIER.**

## INTERNATIONAL CLAIM FORM

**CERTIFICATE NO:** \_\_\_\_\_

Shipment arrival date: \_\_\_\_\_

Full Name: \_\_\_\_\_

State name of the Removers you contracted with:  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

On what date was it delivered to your residence?  
\_\_\_\_\_

Country: \_\_\_\_\_

When and where did you discover your loss?  
\_\_\_\_\_

Landline no: \_\_\_\_\_

How did your loss occur?  
\_\_\_\_\_

Cellphone no: \_\_\_\_\_

Fax no: \_\_\_\_\_

Email: \_\_\_\_\_

Was your shipment insured under any other policy or insurance company?  Yes  No

Were the damaged or lost items your own property?  Yes  No

What is the full replacement value at destination of your insured property (Destination currency)  
\_\_\_\_\_

To whom did you first notify the loss?  
\_\_\_\_\_

On what date was your shipment packed?  
\_\_\_\_\_

Date of notification \_\_\_\_\_

Shipment departure date? \_\_\_\_\_

Item No. as indicated on Carrier's inventory	Description of Article	Please tick relevant column						Other description	Insured Value	Amount of Claim
		Missing	Broken	Torn	Stained/Marked	Chipped/Dented	Scratched			

**Total Claim (indicate currency)** \_\_\_\_\_

**IMPORTANT: The following documents must be submitted with this claim form and sent to THE CARRIER**

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|--|--|
| <input type="checkbox"/> Copy of certificate of Insurance<br><input type="checkbox"/> Photographs of damaged items (close up & full view)<br><input type="checkbox"/> Copy of Insurance Application Form or Valued Inventory | <input type="checkbox"/> Carrier's packing list/Inventories<br><input type="checkbox"/> Copy of delivering carrier's report<br><input type="checkbox"/> Pre-shipment and destination vehicle or motorbike condition report |
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**I certify that the above lodged claim is correct and truthful and that no information has been omitted. As per the international claims guidelines provided to me, I hereby acknowledge that no further losses or damages shall be considered by insurers thereafter.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_