UNIRISC, INC.

WORLD WIDE CARGO CLAIM FORM

CLAIMANT'S NAME	CLAIMANT'S MAILING ADDRESS			EMPLOYER/DIVISION (IF APPLICABLE) DELIVERY ADDRESS (IF DIFFERENT FROM MAILING)
SHIPMENT ORIGIN ADDRESS	PICK UP DATE	DELIVERY DATE	CARRIER REF. NO.	NAME AND ADDRESS OF MOVING COMPANY Corrigan Moving 23923 Research Dr Farmington Hills, Mi 48335
IF GOODS WERE IN STORAGE AT DESTINATION, PLEASE GIVE LOCATION AND DATES			DESTINATION AGENT	FOR ADJUSTERS USE ONLY UNIRISC CLAIM NO.

INV. NO.	DESCRIPTION OF ARTICLE	NATURE AND EXTENT OF DAMAGE	ORIGINAL COST	DATE OF PURCHASE	REPLACE-MENT COST	AMOUNT CLAIMED	APPROX. WEIGHT	AMOUNT ALLOWED	CARRIER LIABILITY	EXCESS RESPONSIBILITY
					TOTALS					

I am the owner of the property described. I did not cause or contribute to the damage set forth herein.
All statements made in this statement of claim and any attached documents are true and correct to the best of my knowledge and belief, and constitute my complete and entire claim. No material information has been withheld.
I hereby assign and transfer to Unirisc any and all claims and recoveries arising out of the shipment of my household goods.
The actual cash value of my entire shipment is U.S. $ _____

_____ _____
DATE

_____
FAX NO.

_____
HOME PHONE NO.

_____
BUSINESS PHONE NO.
Please use country and city codes if applicable.

Please give full particulars to the best of your knowledge.
If purchase invoices are available, submit them in support of valuation. Additional sheets may be attached to this form if further space is needed.
Email Address _____

CLAIM FORM

Please read the instructions on the back cover of your insurance packet for claim reporting procedures.