## **Claims Reporting Assistance**

* Please read the attached Claims Declaration Form carefully and ensure that all instructions are followed.
* Adherence to the instructions will result in your claim being processed more expediently.
* Any loss/damage must report within 30 days upon delivery of your goods.
* Please note that you must retain all the damage items until your claim has been settled otherwise Underwriters can decline your claim.

**Claims Documentation – Your Responsibility**

It is essential that full documentation is provided. Failure to submit the following may cause unnecessary delays.

* Completed Claim Form;
* Please submit within 30 days upon delivery of your goods.
* Written Professional Estimates of Repair;
* You must retain all the damaged items until your claim has been settled. Failure to do will result in your claim being prejudiced.
* Written professional estimates of replacement for missing item or items. Items beyond repair should verified in writing by a professional source;
* Clear photographs of all damaged items;
* Submit above documentation to [claimsharmony@overvliet.nl](mailto:claimsharmony@overvliet.nl)

**Claims Documentation**

* Original Confirmation of Insurance
* Copy of the Application for Insurance (Valued Inventory)
* Packing List
* Copy of the Delivery Report that was signed at the time of delivery

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| --- | --- | --- | --- | --- |
| NAME OF CUSTOMER  **Claim Declaration Form** |  | | | |
| CUSTOMER ADDRESS (DESTINATION) |  | | | |
|  |
| CITY/COUNTRY OF ORIGIN |  | | | |
| NAME OF YOUR HARMONY RELOCATION NETWORK COMPANY |  | | | |
| CERTIFICATE OF INSURANCE NO |  | | | |
| TOTAL INSURED VALUE | CURRENCY |  | AMOUNT |  |

**IMPORTANT:**

* **ALL DAMAGES AND/OR LOSSES ARE TO BE REPORTED WITHOUT DELAY, TIME BEING OF THE ESSENCE, TO THE COMPANY MENTIONED ON THE REVERSE OF YOUR INSURANCE CERTIFICATE.**
* **REFERENCE IS MADE TO THE INFORMATION AND CLAIM REPORTING INSTRUCTIONS SPECIFIED ON THE REVERSE OF YOUR INSURANCE CERTIFICATE. PLEASE READ THESE CAREFULLY BEFORE FILING YOUR INSURANCE CLAIM.**
* **PLEASE KEEP DAMAGED ITEMS FOR EXAMINATION UNTIL YOUR CLAIM HAS BEEN SETTLED.**
* **IN INSTANCES WHERE ARTICLES ARE CLAIMED AS MISSING, PLEASE WRITE THE PACKING INVENTORY NUMBER IN THE SPACE PROVIDED.**
* **ANY ORDERS FOR REPAIR AND/OR REPLACEMENT REMAIN YOUR OWN RESPONSIBILITY.**
* **THE UNDERWRITERS RESERVE THE RIGHT TO REQUEST A SURVEY REPORT. IF SO, YOU WILL BE INFORMED ABOUT WHOM TO CONTACT FOR AN APPOINTMENT.**
* **PLEASE ASSESS THE AMOUNT OF DAMAGE AND/OR LOSS AS ACCURATELY AS POSSIBLE AND INCLUDE DETAILED ESTIMATES FOR REPAIR (IF APPLICABLE). PHOTOGRAPHS OF DAMAGED ITEMS MAY BE REQUIRED.**
* **TO AVOID ANY DELAY IN THE SETTLEMENT OF YOUR CLAIM, PLEASE COMPLETE AND SIGN ALL DETAILS ON THIS PAGE AND OVERLEAF.**

**1. DOES YOUR CLAIM INVOLVE : DAMAGE YES  NO**

**LOSS YES  NO**

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| --- | --- |
| **PLACE** | **DATE** |

**2. PLACE AND DATE(S) OF DELIVERY :**

1. **NAME OF THE COMPANY WHO DELIVERED YOUR GOODS :**

|  |  |
| --- | --- |
| **PLACE** | **DATE** |

**4. PLACE AND DATE OF DISCOVERY :**

|  |  |
| --- | --- |
| **AMOUNT** | **CURRENCY** |

**5. TOTAL AMOUNT OF CLAIM :**

1. **ADDITIONAL COMMENTS**

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I CERTIFY THAT THE CLAIM PRESENTED IS CORRECT AND TRUTHFUL AND THAT NO MATERIAL INFORMATION HAS BEEN OMITTED.

I UNDERSTAND THAT IF THE CLAIM IS IN ANY RESPECT FRAUDULENT **ALL** BENEFITS UNDER THE INSURANCE WILL BE FORFEITED.

|  |  |
| --- | --- |
| SIGNATURE | DATE |

**Specification of the damaged or lost goods**

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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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**PLEASE CONTINUE ON A SEPARATE SHEET IF REQUIRED.**

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| TOTAL AMOUNT OF CLAIM: |  |

**IN ORDER TO PREVENT POSSIBLE DELAYS WITH YOUR CLAIM PLEASE ENSURE THAT THE FOLLOWING DOCUMENTS ARE SUBMITTED WITH YOUR CLAIM FORM AND WITHIN 60 DAYS OF YOUR INITIAL NOTIFICATION.**

ENCLOSURES DETAILS OF YOUR BANK ACCOUNT

|  |  |  |
| --- | --- | --- |
| * **ORIGINAL CONFIRMATION OF INSURANCE** |  | BANK NAME: |
| * **COPY OF APPLICATION FOR INSURANCE**   **(VALUED INVENTORY)** |  | BANK ADDRESS: |
| * **WRITTEN PROFESSIONAL ESTIMATES OF REPAIR** |  |
| * **WRITTEN PROFESSIONAL ESTIMATES OF REPLACEMENT**   **FOR MISSING ITEM OR ITEMS. ITEMS BEYOND REPAIR**  **SHOULD BE VERIFIED IN WRITING BY A PROFESSIONAL**  **SOURCE** |  |
| * **PHOTOGRAPHS OF ALL DAMAGED ITEMS** |  |
| * **PACKING LIST** |  | BRANCH/SORT CODE: |
| * **COPY OF THE FORM YOU SIGNED WHEN YOU TOOK POSSESSION OF YOUR GOODS (DELIVERY RECEIPT)** |  | ACCOUNT NUMBER: |
| * **PRE-SHIPMENT AND DESTINATION AUTOMOBILE REPORTS**   **(IF APPLICABLE – i.e. IF YOUR VEHICLE SUSTAINED DAMAGE IN TRANSIT)** |  | NAME OF ACCOUNT HOLDER: |

THE UNDERSIGNED HEREBY DECLARES THAT ALL DETAILS GIVEN ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF, CORRECT IN EVERY DETAIL.

|  |  |
| --- | --- |
| SIGNATURE | DATE |

PLEASE MAIL THIS FORM AND ENCLOSURES WITHOUT DELAY to [claimsharmony@overvliet.nl](mailto:claimsharmony@overvliet.nl)