



Alexander Forbes

RISK SERVICES

Alexander Forbes Risk Services

P.O. Box 414, Stellenbosch. 7599
Republic of South Africa.

Telephone Number: +27 (21) 809-5520
Facsimile Number: +27 (21) 809-2979
E-Mail Address: AFClaims@aforbes.co.za
Website: www.alexanderforbes.com

*FOR YOUR CONVENIENCE A CALL CENTRE IS LINKED TO
+27 (21) 809-5520 FOR CALLS RECEIVED OUTSIDE OUR BUSINESS HOURS*

IMPORTANT INSURANCE INFORMATION

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

- **Help and Assistance**

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

- **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 movers office who arranged the shipment of your goods.

- **Extending Storage Period**

You have storage insurance coverage for up to 30 days at origin and 60 days at destination in the Destination Agent's warehouse included without additional premium. Should this period be insufficient, please refer to the "Storage Insurance Extension Request Form" attached.

It is important that where a storage insurance extension is required that the attached "Storage Insurance Extension Request Form" is submitted to us without delay and we will contact you to confirm receipt and advise where to submit your payment. Your payment will be required prior to the expiry of the storage periods as mentioned above. Please note that for premium calculation purposes, 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 to your goods, it is important that you refer to the "Claims Guidance Notes" attached herewith. This will provide you with full details on how to lodge a claim.

STORAGE INSURANCE EXTENSION REQUEST FORM

To: **ALEXANDER FORBES RISK SERVICES**

DATE: _____ INSURED'S NAME: _____ CERTIFICATE NO: _____

The free storage period under the above numbered Certificate expires on _____ or
30 days after packing
on _____
60 days after delivery to warehouse

I require additional storage for _____ months, until _____

ADDITIONAL PREMIUM CALCULATION (Please note, part months are calculated as whole months)

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 extension to:

Name: _____

Address: _____

Country: _____

Telephone No: (Area code) _____ Fax No: _____

E-Mail: _____

Signature: _____

PLEASE NOTE INSURERS ARE UNABLE TO GRANT STORAGE INSURANCE EXTENSION UNTIL THE ADDITIONAL PREMIUM IS RECEIVED BY AF

Your shipment is insured for the normal course of transit from the time your shipment was packed until it reaches the destination you specified on your application form. Included in this cover is storage insurance for a period of up to 30 days at origin and up to 60 days at destination provided the goods are kept in an enclosed warehouse designated by the removal company.

If you require your storage insurance to be extended beyond the periods stated above, please complete this form and submit it to Alexander Forbes Risk Services at the address shown below. Alexander Forbes will contact you to confirm receipt and where to submit your payment. Your payment will be required prior to the expiry of the storage periods included within your cover as explained on the front page.

Submit to: **Alexander Forbes Risk Services**
P.O. Box 414, Stellenbosch. 7599
REPUBLIC OF SOUTH AFRICA
Telephone No: +27 (21) 809-5520
E-Mail: AFClaims@aforbes.co.za

Facsimile No: +27 (21) 809-2979



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RISK SERVICES

CLAIMS GUIDANCE NOTES

The following Guidance Notes have been prepared to aid you in the event of a claim.

Arrival of Goods

Upon arrival of your goods, we would request that they are checked carefully, and endorse the delivering carriers receipt to reflect any loss, damage or irregularity if applicable.

It is important to retain a copy for your records.

How to claim

In the event that damages or irregularities are found in your shipment, please contact us **immediately** at the following address:-

Alexander Forbes Risk Services
P.O. Box 414, Stellenbosch. 7599
Republic of South Africa
Telephone No: +27 (21) 809-5520
Facsimile No: +27 (21) 809-2979
E-Mail Address: AFClaims@aforbes.co.za

Please be ready to provide the following details:

- a) Your name & Certificate of Insurance Number.
- b) Nature of loss, and your initial assessment of the amount of claim

Dependent upon the severity of the loss we may at this stage request you to contact an authorised surveyor, full details of which will be given to you at the time of your call.

To comply with Policy Conditions you must confirm your loss to us in writing within 30 days after the arrival of your goods.

In order for us to arrange settlement of your claim we would request that you provide us with the following documentation/information within 90 days after the arrival of your goods:

- a) The fully completed Claim Form (attached)
- b) Photographs, if available, of damaged items
- c) Written professional estimates, supporting repair or replacement costs
- d) A copy of your Application Form/Valued Inventory and Original Certificate of Insurance
- e) Removers Packing list/inventory
- f) Copy of the delivering carriers receipt showing the 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 us.

CLAIM FORM



CERTIFICATE NO:- _____

Full Name _____

Address _____

Country _____

Phone Residence _____

Phone Business _____

Fax No _____

E-Mail: _____

Was your shipment insured under any other policy or insurance contract? Yes/No _____

What is the full replacement value at destination of your insured property (Destination Currency) _____

On what date was your shipment packed? _____

Shipment Departure Date? _____

State name of the Remover you contracted with _____

On what date was it delivered to your residence? _____

When and where did you discover your loss? _____

How did your loss occur? _____

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

To whom did you first notify the loss? _____

Date of Notification _____

Shipment Arrival Date? _____

Item No. on Movers Inventory	Description of Article	Please tick relevant column									Other Description	Insured Value	Replacement Cost	Amount of Claim
		Missing	Broken	Torn	Stained	Marked	Chipped	Dented	Scratched					

Total claim (indicate currency) _____

IMPORTANT: The following items must be submitted with this claim form:

- | | |
|---|--|
| <input type="checkbox"/> Original Certificate of Insurance | <input type="checkbox"/> Mover's Packing list/Inventory (if available) |
| <input type="checkbox"/> Photographs of damaged items | <input type="checkbox"/> Copy of the delivering carriers receipt |
| <input type="checkbox"/> Written professional estimates for Repair or replacement | <input type="checkbox"/> Preshipment and destination vehicle condition reports (if applicable) |
| <input type="checkbox"/> Copy of Insurance Application Form (Valued Inventory) | |

I certify that the claim presented is correct and truthful and that no material fact has been omitted.

Signed: _____ Date: _____