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Insurance Policy #:

AUT File #:

<b>1. Claimant's Name:</b>	<b>3. Pick-Up Date</b>		<b>4. Delivery Date</b>		<b>5. Email address</b>	<b>5a. Fax number</b>
<b>2. Address:</b>	<b>2a. City:</b>	<b>2b. State:</b>	<b>2c. Country</b>	<b>5b. Home Phone:</b>		<b>5c. Work Phone:</b>

Dear Customer,  
In the unfortunate event of a claim, please follow all the instructions below:

**Important Note:**

- 1--> Please note that in terms of your policy you must notify us of any potential claim within 14 days of delivery. Thereafter you must submit your fully documented claim within 30 days of delivery to your residence.
- 2--> Inspect goods immediately. Under no circumstances, except under written protest, give a clean receipt to carriers where the goods are in doubtful condition.
- 3--> Exercise utmost care to minimize loss or damage discovered and avert further loss or damage.
- 4--> Failure to give notice of a claim within 14 days after delivery of the shipment will void coverage
- 5--> Once a claim form is received it will be considered final and full, additional items cannot be claimed.

**ITEMS LOST OR DAMAGED**

<i>Item Description</i>	<i>Item # on P\ list</i>	<i>Insured Value</i>	<i>Description of Loss or Damage</i>	<i>Repair or Replacement cost</i>

<b>TOTAL CLAIMED</b>	<b>Currency</b> ↓	<b>Amount</b> ↓

**CLAIMS DOCUMENTATION REQUIRED:**  
The following documentation MUST be submitted in order to process your claim as quickly as possible

- For damaged items:**
- A photograph of the damaged item
  - Submission of proposed repair costs (repair quotes etc)

- For lost or missing items:**
- Replacement quotations or other proof of replacement value

**CLAIMS REMITTANCE DETAILS**  
Please advise payment details:

Account Holder Name:	
Account Number:	
Bank Name:	
Bank Sort Code:	

I declare that all claims information I have submitted is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date