VANLINER_{SM}

INSURANCE COMPANY

One Premier Drive St. Louis, Missouri 63026-1552

PRESENTATION OF CLAIM FOR LOSS AND DAMAGE **UNDER AGENTS AUTHORITY**

INSTRUCTIONS TO CLAIMANT

1. Print or type <u>full particulars</u> to the best of your knowledge

- 2. Any articles found damaged <u>must</u> be kept available for inspection (including containers).
- 3. Contact the nearest Carrier or Trucking Co. to arrange for inspection of your damages and assist in securing repair estimates
- 4. If no local carrier is available, send this form to TransProtection Service Company, P.O. Box 26342, Fenton, Missouri 63026-1542.

CARRIER/WAREHOUSE NAME

CARRIER ORDER #

								I, model numbers,	trade name, manufac	cturer, etc.	CAR	KKIEK/WAKEHOUS	DE INAIVIE	=		
6. Complete all spaces thoroughly to avoid unnecessary de Claimant Name Address						Home Telephone				Office Telephone						
Shipment N	Moved From (City &	State)	Shipment Move	Shipment Moved to (City & State)			rick-Up Date			Delivery Date						
WAS SHIF	PMENT IN A WARI	EHOUSE? NO □	YES□ IF YE	ES, WHERE_												
				Warehouse	e Name City				State							
ARE YOU	THE OWNER OF	THE GOODS IN QUES	STION? NO □	YES□ V	ALUE OF TH	IE ENTIRE S	HIPMENT AMO	UNT								
	JAVE A CEDTIEIC	ATE OF INSURANCE	2 NO 🗆 VES		NIT.											
DO 1001	IAVE A CERTIFIC	ATE OF INSURANCE	: 100 🗀 123									ADJUSTER'S NOTES				
Inventory				Estimated	Age Date	Original	Replacement	Est. Cost Of Repairs				Article Weight	R/E			
Number	Article Description of D		Damages	Weight	Purchased	Cost	Cost Today	Am't Claimed	Origin Conditions	C/S	Rep.	.60 lb.	App.	Dep.		
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								TOTAL	Adjusted By							
I am the ov made in thi	vner of the property is statement of clain	described. I did not cau n and any attached docu	use or contribute to uments are true and	the damages d correct to the	set forth herein best of my kn	n. All stateme owledge and	nts									
		lete and entire claim. No claim for loss, damage				ant within										
9 monts fro	om date of delivery of	on interstate shipments.														
with the Co	entract Terms and C	onditions.														
Signature of claimant Date																
REMARKS		Oignature	, or oralliant			D.	***									