



OCEAN MARINE

Adventist Risk Management, Inc.
12501 Old Columbia Pike - Silver Spring, MD 20904

OFFICE: 1 (888) 951-4ARM (4276) | **FAX:** (301) 453-7060

E-MAIL: claims@adventistrisk.org

CLAIMS INFORMATION

DOCUMENTATION NEEDED: (To accompany completed claim form)

- Estimate or invoice showing repair cost if item is repairable
- Statement verifying loss from port authority or customs official whenever possible
- Receipts or documentation for additional freight, tax or duty charges
- If sponsoring institution is different from one on claim form, please give both names

ADDITIONAL DOCUMENTATION NEEDED FOR PERSONAL SHIPMENTS:

- Certificate of insurance
- Packing list with declared values
- Bill of Lading or Airway Bill

Any item worth US\$100 or more, must be itemized with a value on the packing list.

When paying Ocean Marine claims we do not pay replacement cost, but the declared value on the following basis. Valued at the lesser of:

- A The amount shown on the insured's packing list; or
- B Actual cost to repair the merchandise, if repairable: or
- C The cost to replace the damaged or missing merchandise with new merchandise of like kind and quality.

All options shall include the actual cost incurred for freight, taxes and duties incurred in repairing or replacing the merchandise, in addition to the scheduled value, up to the pro-rata share of freight, taxes or duties shown on packing list, if any.

CHECKLIST:

- Date of loss or date of discovery
- Items claimed should match items and values on packing list
- Signature of the insured on claim form

STATEMENT OF LOSS

OCEAN MARINE /AIR CARGO/PARCEL POST

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Institution

Division:

Individual's Name:

Address & e-mail:

Date of Loss/Date of Discovery:

Cause and Description of Loss:

Aprox. Date of Shipment:

Shipped From:

Destination:

Carton or Tag #	Description of Item	Packing List Value	State if Missing or give type of damage	Repair Cost if Damaged (INCLUDE WRITTEN ESTIMATES)	FOR ARM OFFICE USE

If more space is needed, please use reverse side.

The undersigned states that he/she is the true and lawful owner of the items set forth above; that the foregoing statement is true and correct; that none of the articles were returned or recovered, and that in the event all or any part thereof is recovered, the undersigned agrees to make full restitution or deliver the property to Adventist Risk Management, Inc.

Deductible:

Payment:

Signature:

Date:

Carton or Tag #	Description of Item	Packing List Value	State if Missing or give type of damage	Repair Cost if Damaged (INCLUDE WRITTEN ESTIMATES)	FOR ARM OFFICE USE
					Amount to Carry Over