IMPORTANT - INSTRUCTIONS FOR COMPLETION OF PRESENTATION OF LOSS & DAMAGE FORM
PLEASE READ THOROUGHLY PRIOR TO COMPLETING FORM

CLAIMS INSTRUCTIONS

When your shipment arrives, check carefully to verify the number of packages delivered and whether any packages have been opened. Please inspect it carefully and note any exceptions or damage on the delivering carrier's receipt. Keep a copy of this receipt for your records. <u>If you notice missing items, please notify WRRG as soon as possible.</u>

1. Within 90 days of the delivery of your shipment, the following material must be presented to Willis Relocation Risk Group:
   A. Completed claim form. Note that incomplete claim forms may delay the processing of your claim.
   B. Written professional estimate for repair of damage. If you are charged an inspection fee, you will be reimbursed as long as a receipt is submitted along with your claim. If you are unable to locate a repair firm, please so advise upon submission of your claim form.
   C. Written estimates supporting replacement cost of missing or destroyed items. Internet research for either a direct replacement or an item of like kind and quality is acceptable.
   D. Photos of damaged items.
   E. **Do NOT discard any damaged items until your claim is resolved.**

2. Please note the following headings on the Claim Form:

   PACKING INVENTORY NUMBER -- If inventory was prepared, each item on your shipment carries a tag indicating the inventory item number. If you cannot identify the item from the tag, do so from your copy of the inventory.

   DESCRIPTION OF THE ITEM -- Describe each item that your are claiming carefully. Identify contents of containers as accurately and completely as possible.

   MISSING OR DAMAGE -- If damaged, indicate type, severity and location. If missing, write "missing".

   DATE PURCHASED -- If the exact date is unknown, please estimate to the best of your ability.

   REPLACEMENT COST -- List the present replacement cost of the damaged/missing item. If unable to find an exact replacement, list the value of a comparable item of like kind and quality. Please include the replacement cost for all items that you are claiming.

   REPAIR COST -- If you have sourced a repair estiamte on your own, enter the amount they have quoted you.

   AMOUNT CLAIMED -- Indicate cost of reasonable repair or replacement. **Please list the final amount of claim for all items in the same currency.**

3. Regarding missing items: Please indicate if the entire carton is missing, or if individual contents of a carton are missing

4. Willis Relocation Risk Group reserves the right to have damages inspected. DO NOT proceed with repairs or replacement until we have had an opportunity to examine your completed claim form and determine the appropriate course of action.

5. HELP US TO HELP YOU -- By returning the statement of claim, COMPLETED AND SIGNED, as soon as possible. Failure to sign will cause return of form for signature.

6. PLEASE NOTE THE DIFFERENT COLORED WORKSHEETS AT THE BOTTOM IN THIS EXCEL FILE. SHOULD YOU HAVE MORE THAN 20 ITEMS TO CLAIM AND NEED TO USE THE SUPPLEMENTAL CLAIM FORM PAGES, THE GENERAL INFORMATION AT THE TOP WILL TRANSFER FROM THE FIRST WORKSHEET / TAB TO THE SUPPLEMENTAL ONES AUTOMATICALLY.

Send documentation to:

Willis Relocation Risk Group
11240 Waples Mill Road, Suite 301
Fairfax, VA 22030-6078
Tel: +1 703 591-0093
Fax: +1 703 591-1052
Email: WRRGCLAIMS@WILLIS.COM

Willis

Mail To: Willis Relocation Risk Group
11240 Waples Mill Road, Suite 301
Fairfax, Virginia, 22030
E-Mail To: wrrgclaims@willis.com
Fax To: 703-591-1052

CONFIRMATION #: _____

TRANSFEREE / CLAIMANT	DESTINATION ADDRESS	CITY	STATE	ZIP	COUNTRY	HOME PHONE NO.	BUSINESS PHONE NO.	CELL PHONE NO.
EMAIL ADDRESS	**ORIGIN ADDRESS OF SHIPMENT**	**CITY**	**STATE**	**ZIP**	**COUNTRY**	**DATE SHIPMENT PACKED**	**DATE SHIPMENT DELIVERED**	**CLAIM FILING DEADLINE**
								03/31/00

* This will calculate the due date based on the delivery date

TYPE OF SHIPMENT:
Please complete a separate claim form for each type of shipment

- ◯ AIR
- ◯ ROAD
- ◯ SEA
- ◯ STORAGE - LONG TERM

WAS THIS A PARTIAL DELIVERY? ◯ YES ◯ NO

HAVE YOU COMPLTED UNPACKING? ◯ YES ◯ NO

Comments You Would Like to Share:

***NOTE: If you will accept a loss in value payment (ie appearance allowance) instead of repairs, enter the dollar amount that you are requesting. If repairs are preferred and the cost is unkown, enter the word "repair."**

Packing Inventory #	Description of Item	Nature and Extent of Damage or Indicate if Missing	Date Purchased	Replacement Cost	Repair Cost (if available)	Amount Claimed (See Note Above)*	Currency	Adjuster Use Only
			TOTALS (per page)					

It is a crime to provide false or misleading information to an underwriter for the purpose of defrauding the underwriter or any other person. Penalties include imprisonment and/or fines. In addition, an underwriter may deny insurance benefits if false information materially related to a claim was provided by the applicant / claimant.

I declare that I am the owner of the property described on this claim form and any supplemental pages thereof, and that all statements made are true to the best of my knowledge and belief.

_____ **CLAIMANT/EMPLOYEE SIGNATURE**

_____ **DATE**

**** FAILURE BY CLAIMANT TO SIGN WILL CAUSE RETURN OF FORM FOR SIGNATURE ****

Willis

Mail To: **Willis Relocation Risk Group**
11240 Waples Mill Road, Suite 301
Fairfax, Virginia, 22030
E-Mail To: wrrgclaims@willis.com
Fax To: 703-591-1052

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