

Personal Shipper Cargo Insurance Claim Form



It is always important to report a claim as soon as possible after an incident has occurred. Please complete this form without delay and send it to the Personal Shipper.com's Insurance Brokers – Anderson Ashcroft (Chorley)Ltd. They will handle the claim on your behalf and notify you if any additional information is required. Anderson Ashcroft specialise in marine and freight insurance and their staff are highly experienced in handling claims.

e: personalshipperclaims@andersonashcroft.co.uk

a 19-21 Halliwell Street, Chorley, PR7 2AL

f 01257 241999

Your Details

Name			
Address			
Postcode			
Telephone numbers	Home	Mobile	Work
e-mail address			
Your Personalshipper.com Reference No.			

Details of Your Goods

Description of goods	
Were the goods new or used?	
If used, how old were the goods?	
Were the goods supplied direct from a manufacturer or retailer?	
How were the goods packed and by whom?	
On what date were the goods despatched?	
What is the value of the goods?	

Where are the goods now? (An inspection by an insurance assessor may be required)	
If the goods are damaged, are they repairable?	

Circumstances of Your Claim

<p>Please state why you are making a claim for these goods, with details of what you think has happened to the goods.</p> <p>Provide as many details as possible and include any additional information that may assist your Insurer in handling your claim</p>	
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Delivery Receipt

<p>Please indicate how you signed for your goods when they were delivered to you</p>	<p>You signed a paper receipt *</p> <p>You signed a hand held screen</p> <p>You collected your goods from a local depot</p> <p>* if so you will be required to send your copy with your claim form</p>
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Declaration

If you make a claim which is in any way fraudulent, unfounded or exaggerated, or make any false declaration, all benefit under this policy will be forfeited.

I/We declare that all the answers are true and complete.

I/We hereby claim for the loss or damage as set out above.

I/We understand that you may seek additional information from other insurers to check the answers I/We have provided.

Signature _____ Date _____

Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer insurance including the terms via the Claims and Underwriting Exchange register, operated by Insurance Database Services Limited and via the Motor Insurance Anti-Fraud and Theft Register, operated by the Association of British Insurers. List of participants are available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.