



PROOF OF LOSS

MAIL TO:
Vasti DeMelo
Adventist Risk Management, Inc.
12501 Old Columbia Pike Phone: (301) 680-6866
Silver Spring, MD 20904 Fax: (301) 680-6878

NAME OF GROUP: General Conference of Seventh-day Adventists
POLICY NUMBER:
Short Term Travel - Policy 9017429

BAGGAGE LOSS, THEFT OR DAMAGE CLAIM REPORT

INSTRUCTIONS:

- 1.) All questions must be answered fully.
- 2.) This form must be notarized on all claims in excess of \$100.
- 3.) Attach copies of credit card statement (if applicable) and/or receipts showing charges made for trip and all correspondence pertaining to and substantiating loss.
- 4.) Attach all receipts and/or bills pertaining to loss.
- 5.) Direct all correspondence to the claim office shown above.

The furnishing of this form, or its acceptance by the company, must not be construed as an admission of any liability on the Company, nor a waiver of any of the conditions of the insurance contract.

Any person who knowingly and/or with intent to injure, defraud, or deceive an insurance company or other person files a statement of claim containing false, incomplete or misleading information, may be guilty of insurance fraud and subject to criminal and substantial civil penalties.

Name:		Date of Birth:		Sex Male <input type="checkbox"/> FEMALE <input type="checkbox"/>	
Address:		City		State	Zip
Telephone Number: ()		Date of Departure:		Date of Return:	
Date and time of loss:					
Describe extent or nature of loss, theft, damage:					
State in detail where and how loss, theft, damage occurred:					
If loss, theft or damage occurred while property was on or in the custody of a common carrier (i.e., railroad, airline, bus, taxi, etc.): a) Give name of common carrier. b) Was the carrier notified at the time of loss, theft, damage? c) Was baggage checked at time of loss, theft, damage? d) Has a formal claim been made against the carrier? (If not, this must be done immediately. A copy of carrier's payment or denial must be provided.)					
Is there another insurance company that would cover the loss, theft or damage to this property? If yes, give name of company, policy number, type of policy and amount					
Was police or authorities notified? If yes, state who was notified: (Attach a copy of the police report or report from other authority.)					

PLEASE USE THE REVERSE SIDE OF THIS FORM TO LIST THE ITEMS LOST, STOLEN OR DAMAGED

DESCRIPTION	DATE OF PURCHASE	PURCHASE PRICE

****IF ITEM DAMAGED, PLEASE SUBMIT ESTIMATE OF REPAIRS***

I AGREE THAT IN THE EVENT OF THIS PROPERTY BEING RECOVERED TO REFUND TO THE COMPANY IN FULL ANY AMOUNT THAT IT MAY HAVE ADVANCE TO ME ON ACCOUNT OF SAID LOSS, IT BEING UNDERSTOOD THAT THE COMPANY HAS THE OPTION TO PAY THE COST OF RESTORING IT TO SOUND CONDITION, IF RECOVERED IN A DAMAGED CONDITION.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

SIGNED	DATE
WITNESS _____ Hand at _____ this _____ day _____ 20 _____ <div style="text-align: right;">INSURED (OR AUTHORIZED REPRESENTATIVE)</div>	

PERSONALLY APPEARED _____ **SIGNER OF THE FOREGOING STATEMENT AND MADE SOLEMN OATH THAT THE SAME IS TRUE, AND THAT NO MATERIAL FACT IS WITHHELD OF WHICH THE COMPANY SHOULD BE ADVISED.**

SUBSCRIBED AND SWORN TO BEFORE ME, THE DAY AND DATE ABOVE WRITTEN.

NOTARY PUBLIC (SEAL)

COUNTY OF _____

STATE OF _____