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Insurance Claim

Name:				
Address:				
Origin:				
Destination:				
Date /place damage noticed:				
Packing date of goods:				
Departure date of goods:				
Arrival date of goods:				
Delivery date of goods:				
Please specify how damage occurred:				
Detailed description of damages and loses:	No. on the inventory list	Purchase price	Date of purchase	Current value
				Total price:
Place:	Date:	Signature:		