



# Adventist Risk Management, Inc

12501 Old Columbia Pike  
 Silver Spring, MD 20904-6600  
 (301) 680-6877 Fax: (301) 680-6878  
 E-mail [mcross@adventistrisk.org](mailto:mcross@adventistrisk.org)

## STATEMENT OF LOSS PERSONAL EFFECTS BAGGAGE

PLEASE ANSWER ALL QUESTIONS IN ORDER TO EXPEDITE CLAIM PROCESSING

Please check one -  Adventist Youth Services  Adventist Volunteer Services  Regular Worker

Division \_\_\_\_\_

Employing Organization \_\_\_\_\_

Please check here if this incident occurred while on business.

Assured's Name \_\_\_\_\_

Present Address \_\_\_\_\_

DESCRIPTION OF WHEN AND HOW LOSS OCCURRED (If exact date is not known, give date of discovery)

Month	Day	Year	AM PM	Give details – be specific (use reverse side if necessary)

If property was stolen, state what police department, or other authorities were notified and attach copy of police report, whenever possible. (If not reported, give reason.) \_\_\_\_\_

If property was lost or damaged while in custody of a Railroad, Express Co., Airline, Hotel or other Bailee, state name and address of responsible party. (Attach copy of letter to airline or other carrier or copy of claim form together with any reply received, and copy of payment.) \_\_\_\_\_

At time of loss the property insured was exclusively owned by \_\_\_\_\_

The articles lost or damaged are described as follows: (NAME CURRENCY USED FOR ESTIMATES AND COSTS)				FOR ARM OFFICE USE ONLY Exchange Rate	
Description of Item	If Item is Repairable Give Cost Of Repair (ATTACH WRITTEN ESTIMATE)	Date Purchased	Replacement Cost	Depreciation	Adjusted Amount
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,				Amount Due	





# PERSONAL EFFECTS FLOATER

## CLAIMS INFORMATION

### **DOCUMENTATION NEEDED:** (To be sent with completed claim form)

- Itemized receipts or estimates giving model numbers and type of currency
- Police report whenever possible (If not possible, please explain)
- If loss occurred while traveling on an airline or other public transportation, copies of your correspondence with them and/or copies of any payments made.
- Repair estimates

### **CHECKLIST:**

- Date of loss
- Did all items belong to the insured? If not, please explain
- Did this incident occur while on business?
- Signature of the insured

**NOTE: Please give us your e-mail; it will help us to communicate with you more easily.**