

TG INTERNATIONAL INSURANCE BROKERAGE, INC.  
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**TG INTERNATIONAL WORLDWIDE INSURANCE PROGRAMS**

As a condition of this insurance and a condition precedent to payment of a claim, the claim must be submitted directly to TG International Insurance Brokerage, Inc. within the time periods specified on your certificate.

**CLAIM SUBSTANTIATION IS THE RESPONSIBILITY OF THE CLAIMANT.**

CERTIFICATE NO. \_\_\_\_\_  
 Claimant \_\_\_\_\_ Date of Filing Claim \_\_\_\_\_  
 Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Date Loss or Damage was discovered \_\_\_\_\_ Value of Entire Shipment \_\_\_\_\_  
 Pick Up Address \_\_\_\_\_ Date of Pick Up \_\_\_\_\_  
 Point of Delivery \_\_\_\_\_ Date of Delivery \_\_\_\_\_  
 If Shipment was in Storage give Name and Address of Warehouse \_\_\_\_\_ Date in Storage \_\_\_\_\_  
 \_\_\_\_\_ Date Out Storage \_\_\_\_\_

Were these items insured under any other policy or insurance coverage? \_\_\_\_\_  
 Packed By \_\_\_\_\_ Unpacked By \_\_\_\_\_

**ADJUSTERS USE ONLY**

T.G.I.# \_\_\_\_\_ ADJ DATE \_\_\_\_\_  
 AMT. CERT \_\_\_\_\_  
 500 DED  B/BACK  
 250 DED  SURVEY  
 100 DED  TRACER  
 50 DED  NO DED  
 AIR \_\_\_\_\_  
 SURFACE \_\_\_\_\_  
 TOTAL SETTLEMENT \$ \_\_\_\_\_ % \_\_\_\_\_

INVENTORY NO.	ITEM DESCRIPTION	LOSS/DAMAGE DESCRIPTION	ITEM AGE	WHEN ACC.	PRICE	AMOUNT CLAIMED	COND. AT ORIGIN BY:	DELIVERY EXCEPTIONS BY:	SURVEY REPORT	Amount Sld.	Symbol Explanation
						<b>TOTAL:</b>					

Survey (inspection) is required and authorized only to substantiate claims over U.S. \$1500.00 in damages.

**SYMBOLS:**

- |                                   |                        |            |      |                                  |
|-----------------------------------|------------------------|------------|------|----------------------------------|
| BE - Bent                         | MO - Motheaten         | 1. Arm     | /    | = released Value                 |
| BR - Broken                       | NIS - Non-Temp Storage | 2. Bottom  | A/C  | = AS Claimed                     |
| BU - Burned                       | NW - Normal Wear       | 3. Corner  | DEP  | = Depreciation Standard          |
| CH - Chipped                      | R - Rubbed             | 4. Front   | MECH | = Mechanical Repairs             |
| CU - Contents & Condition Unknown | RU - Rusted            | 5. Left    | NET  | = No Exception Taken at Delivery |
| D - Denied                        | SC - Scratched         | 6. Leg     | MCU  | = Mechanical Condition Unknown   |
| F - Faded                         | SH - Short             | 7. Rear    | NLR  | = Not Listed or Receipted for    |
| G - Gouged                        | SO - Soiled            | 8. Right   | PBO  | = Packed by Owner                |
| L - Loose                         | T - Torn               | 9. Side    | PED  | = Pre-Existing Damage            |
| M - Marred                        | W - Badly Worn         | 10. Top    | R    | = Repairs or Replacement         |
| MI - Millev                       | Z - Cracked            | 11. Veneer | PP   | = Received Pre-Packed            |
|                                   |                        | 12. Edge   |      |                                  |
|                                   |                        | 13. Center |      |                                  |

The undersigned, hereby makes a solemn oath to the truth of the statements contained herein and exhibits attached hereto, and that no material fact is withheld that should be included in this report. This also is to certify that I/we have not received any merchandise claimed short/missing, from any source, to date. Should I/we receive this merchandise, from any source, I/we will promptly notify TG International Insurance Brokerage, Inc. and delete the items from the claim, or if claim has been paid, I/we will return the monies paid.

NOTE: If you find it necessary to submit a claim, we suggest and request that you read the instructions on the reverse side of this form, prior to preparation of the claim. I authorize any transportation company involved in the movement of my goods to release to travel Guard any information or documents as may concern this claim.

Signature of Claimant: \_\_\_\_\_  
 Please state type currency you entered in "Price" and "Amount Claimed" columns: \_\_\_\_\_

**CLAIM INSTRUCTIONS**  
 ON REVERSE