

## Claim Activity Report/Proof of Loss

<b>Proof of Loss/Claims Reporting</b>  Phone: (646) 857-0116 Fax: (212) 809-4849	<b>Mail or Fax to:</b> CHARTIS INTERNATIONAL 32 Old Slip, 6 <sup>th</sup> Floor New York, NY 10005	<b>Claim Number</b>  _____ <b>Policy No./Cert. No.</b> M 65-00000
---	---	---

<b>Insured Name:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>
<b>E-mail address:</b>	<b>Cell Phone:</b>	<b>Fax:</b>
<b>Present Address:</b>		
<b>Mailing Address:</b>		
<b>How did the loss happen?</b>		
<b>Date of loss:</b>	<b>Time of loss:</b>	
<b>Location of loss:</b>		

**Policy Report/Security Report:**

- ❖ Where made(address/police precinct no./security company): \_\_\_\_\_  
 \_\_\_\_\_  
 (city) (country) Date: \_\_\_\_\_
  
- ❖ What police action was taken? \_\_\_\_\_  
 \_\_\_\_\_

*Please Enclose Police Report For Theft Or Robbery*

Description of Article	Nature and Extent of Damage	Date of Purchase	Original Cost	Amount Claimed
<b>Total:</b>				

**Please attach all important information (i.e. receipts, photographs, carrier documents, appraisals,etc.)**

The property described on this claim form is either owned by myself or an immediate family member. The losses/damages to said property did not exist prior to my move and in no way were caused by me or any member of my family. All statements made in this Statement of Claim and any attached documents are true, correct and complete to the best of my knowledge and belief. I understand that if I make any material misrepresentation or withhold any material information concerning my claim, I will not be entitled to payment and may be subject to termination of employment. I further understand that my entire file may be audited at any time.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**