



PERSONAL EFFECTS BAGGAGE STATEMENT OF LOSS

12501 Old Columbia Pike - Silver Spring, MD 20904
OFFICE: (301) 453-7400 | **FAX:** (301) 453-7060
EMAIL: claims@adventistrisk.org

PLEASE ANSWER ALL QUESTIONS IN ORDER TO EXPEDITE CLAIM PROCESSING

▷ **PLEASE CHECK ONE:** **ADVENTIST VOLUNTEER SERVICES** **REGULAR WORKER** CHECK HERE IF THIS INCIDENT OCCURRED WHILE ON BUSINESS

PERSON I.D. _____
 DIVISION: _____ EMPLOYING ORGANIZATION: _____
 INSURED'S FIRST NAME: _____ M.I. _____ LAST NAME: _____ EMAIL ADDRESS: _____
 INSURED'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

▷ **DESCRIPTION OF WHEN AND HOW LOSS OCCURRED:** *IF EXACT DATE IS NOT KNOWN, GIVE DATE OF DISCOVERY*

MONTH	DAY	YEAR	TIME
			AM PM

▷ **GIVE DETAILS - BE SPECIFIC:**

IF PROPERTY WAS STOLEN, STATE WHAT POLICE DEPARTMENT OR OTHER AUTHORITIES WERE NOTIFIED AND ATTACH COPY OF POLICE REPORT, WHENEVER POSSIBLE. IF NOT REPORTED, PLEASE EXPLAIN:

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.

IS THERE OTHER INSURANCE APPLICABLE TO THIS LOSS? *(GIVE DETAILS)*

AT THE TIME OF LOSS, THE PROPERTY INSURED WAS EXCLUSIVELY OWNED BY:

▷ **DESCRIPTION OF ITEMS LOST OR DAMAGED:**

NAME CURRENCY USED FOR ESTIMATES AND COSTS:

ITEM DESCRIPTION	DATE PURCHASED <small>(MM/DD/YYYY)</small>	IF ITEM IS REPAIRABLE GIVE COST OF REPAIR <small>(INCLUDE WRITTEN ESTIMATES)</small>	REPLACEMENT COST	FOR ARM USE ONLY	
				EXCHANGE RATE	ADJUSTED AMOUNT
				DEPRECIATION	ADJUSTED AMOUNT
				AMOUNT DUE	

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, and that in the event all or any part thereof is recovered, the undersigned agrees to make full restitution or deliver the property to Adventist Risk Management, Inc.

▷ SIGNATURE: _____ DATE (MM/DD/YYYY): _____

