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## ANA Claim Form

Please complete this form as fully as possible. All questions marked with an asterisk MUST be completed in order for your claim to be processed. If you cannot answer one of the mandatory questions please contact your representative for advice. Please use extra paper if needed.

1.	Name / Company insured *	<input type="text"/>
	Contact Name *	<input type="text"/>
	Address *	<input type="text"/>
	Telephone Number *	<input type="text"/>
2.	Policy Number *	<input type="text"/>
3.	Date of loss * (or approx. date if not known)	<input type="text"/>
4.	Details of item(s) lost / damaged * - continue on an extra page if needed	<input type="text"/>

- 5a. Does any third party have an interest in the property being claimed for? \*  (Delete as applicable)
- 5b. If YES above please give details;
6. Brief Circumstances of the loss \*
- 7a. Value of item(s) Lost / Damage
- 7b. If you have NOT answered 7 a) please advise your best estimate of the values involved \*
8. If items are damaged, are they available for inspection \*  (Delete as applicable)
9. Have you advised a trade association of your loss ? (i.e. A.N.A. or A.S.D.A. etc.) \*  (Delete as applicable)
10. Are you VAT (TVA) registered?  (Delete as applicable)
11. Have you ever suffered a loss in respect of material similar to that now claimed for - even if not insured at the time? \*  (Delete as applicable)

12. **If this is a Transit / Sending loss please answer this question in full and disregard questions 13 and 14.**

a) Date of sending lost / damaged \*

b) Give full name of the carrier / service \*

c) Have you advised the carrier of the loss ? \*  (Delete as applicable)

d) Have you attached copies of any documentation (i.e. proof of sending, correspondence etc.)  (Delete as applicable)

e) Have you, or will you, receive any compensation from the carrier \*  (Delete as applicable)

If YES, how much ?

13. **If this is an Exhibition loss please answer this question in full and disregard question 14.**

a) Name and venue of the exhibition where the loss occurred \*

b) Have the Organisers been advised? \*  (Delete as applicable)

c) Have the police been advised? \*  (Delete as applicable)

If YES please give contact details of the police involved

14 **If this is a Premises loss please answer this question in full.**

a) If the loss is a burglary / housebreaking please advise how entry was gained \*

b) Were all security devices / protections activated at the time of loss \*

(Delete as applicable)

If NO please provide full details

c) Have the police been advised? \*

(Delete as applicable)

If YES please give contact details of the police involved

15. **Please read this carefully and sign where shown.**

*I/We understand that you may seek further information for the consideration of this claim. I/We declare that the above statements and information given are true and to the best of my/our knowledge and belief. I/We understand that withholding information, or giving false information can lead to a claim being rejected and further actions being taken by underwriters.*

Signature

Date

Please return this form to your local HWI office as soon as possible