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**PLEASE READ BEFORE COMPLETING FORM**

**Please ensure that a signed and duly completed “Request for Insurance coverage” (PT. 78) is submitted to the relevant UN office PRIOR to on forwarding of shipment.**

**CLAIMS PROCEDURE FOR HHG/PE**

1. A memo or letter addressed to the Chief of Transportation Operations Unit, FF-0287, 304 East, 45th Street, New York, NY 10017, USA; Attn: Ms. Carole Serna, ([shipments@un.org](mailto:shipments@un.org)) indicating origin/destination, mode, delivery date of shipment and listing the items damaged/missing with supporting documentation of claim.

2. Attached to this memo should be the following documents:

1. Copy of Letter of Protest [[1]](#footnote-1)\*(see example);

*(The Letter of Protest is sent to the delivery agent)*

1. Copy of reply from the last carrier acknowledging receipt of complaint;

*(An acknowledgement of receipt is received from the delivery agent)*

1. Copy of the Delivery Receipt noting exceptions and/or “**subject to further inspection**”;

*(The ‘subject to further inspection’ is written on the delivery receipt. This gives*

*you, the shipper, time to check over your shipment thoroughly before filing your claim.)*

1. Copy of Bill of Landing (Sea) or Air Waybill (Air);

*(The Bill of Lading and the Air Waybill are shipping transport documents. You can*

*get a copy from the delivery agent.)*

1. Copy of the Valued Inventory (PT. 78) indicating by highlighting or asterisk the items damaged/missing;

(*The Valued Inventory is the UN form (PT.78) you completed before your shipment*

*was packed from your home. This form ensures insurance coverage of all items listed.)*

1. Pictures;
2. Repair estimates from a certified repairer. If irrepairable, a statement from the certified repairer to that effect;

(*Repair estimates is self-explanatory)*

1. For overseas claims estimated over US$2,500.00, contact the underwriters' surveyor, Atlantis International in Belgium for a Survey Report. Contact person: Mr. Frederik Flamant, at [Frederikflamant@atlantis-international.net](mailto:Frederikflamant@atlantis-international.net), Tel. # (32) 2 351 11 65 – Belgium.

For claims within the USA estimated over US $2500.00, contact Surveyor Martime Alliance Group in Fords, New Jersey. Contact person: Mr. Vincent Apesa at V.apesa@groupmagi.com, Tel. # (1) 732 738-4300 – New Jersey, USA

*Please follow up with the Surveyor to ensure that your report has been sent directly to the United Nations insurance broker, Marsh USA in New York.*

1. Please bear in mind that an expedient filing of claim upon delivery is crucial for the timely settlement of your claim.

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| **Letter of Protest**  **(send to Delivery Agent at Destination)**  1. Name of Consignee (Receiver of Cargo).  2. Transport Document Number (Bill of Lading or Airway Bill, etc.  3. Name of Vessel and Voyage Number or Flight Number.  4. Place of Origin and Date.  5. Place of Delivery and Date.  6. Description of Goods.  7. Description of Goods Lost or Damage.  8. Brief statement of how the goods were lost or damaged.  9. Damage amount, if known.  The captioned shipment was received short and/or damaged for which we hold you  fully responsible.  Please forward a copy of certificate of non/short delivery relating to this shipment  enabling us to lodge a claim to you through our underwriters.  A formal claim with supporting documents will be submitted when the exact amount of  loss has been determined.  Truly yours,  Signature,  Date: |

23 May 2011 Ms. Jayu MENON, (1) 212 963-6287

Mr. Eric GANZ, (1) 212 963-9389

Mr. Constantino ABALOS, (1) 212 963-9388

**ITEMIZED VALUED INVENTORY OF HOUSEHOLD GOODS AND PERSONAL EFFECTS**

Staff members who are entitled to insurance coverage of their unaccompanied shipment of household and personal effects, in reference to ST/AI/2006/5 and ST/IC/1999/99, and who wish the United Nations to obtain such coverage must submit an itemized valued inventory to the United Nations Transportation Operations Unit, Headquarters New York prior to shipment as provided below.

***Instructions to Staff Members Requesting Insurance Coverage through the United Nations Transportation Operations Unit, New York***

1. If your household goods and personal effects are to be sent in more than one shipment (whether land, air or sea shipments and whether normal or advance shipments), you must prepare a separate itemized valued inventory for each shipment.

2. List in the inventory, in English, all items of personal effects and household goods (not simply ‘boxes’, ‘crates’, etc.) which are included in the shipment and state, **in U.S. dollars**, the **replacement cost at destination** of each item. Include as items indicating the replacement cost of any suitcases and trunks which are to be shipped as unaccompanied shipment. Insurance claims will be accepted for loss or damage only for items listed and valued in the inventory.

3. You must **state the total value** of the complete inventory on line 4 and insurance entitlement/balance on line 5. Check off appropriate box 6 or 7 if over entitlement.

1. Forward an electronic (scanned) completed and signed PT. 78 form to shipments@un.org with copy of Travel Authorization or IMIS travel request. Alternatively, send completed PT. 78 by fax to TOU/TTS at (1) 212 963-2170. Please retain a file copy in the event of a claim or future moves. Or, mail completed PT. 78 to Chief, Transportation Operations Unit, Room FF-0287, 304E. 45th. Street, New York, N. Y. 10017, USA. This form is available on the UN Intranet at http://iseek.un.org under Travel and Transportation.
2. The insurance premium rates for storage and transit given below are **effective 1 April 2011**

REQUEST FOR INSURANCE COVERAGE

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| --- | --- | --- | --- |
| NAME OF STAFF MEMBER: | |  | CONTACT ADDRESS AND TELEPHONE NUMBER AT DESTINATION: |
| LAST Name: |  |  |  |
| First Name: |  |  |  |
| INDEX NO: |  |  | E-mail address: |

1. I understand that: (a) the insurance will cover loss of or damage to my goods which occurs during the course of their shipment from my residence to the designated destination; (b) if I am unable to take immediate possession of the goods upon their arrival at the designated destination and the goods are to be stored, I must apply expeditiously by email to [shipments@un.org](mailto:shipments@un.org), or by fax to (1) 212 963-2170 for an extension of insurance coverage at my own expense through the UN Transportation Operations Unit in New York giving the name and address of the commercial warehouse and dates of period of coverage requested; (c) if I am a **separated** staff member, I must forward a cheque to the UN Transportation Operations Unit, payable to **United Nations**, for the storage insurance at the rate of $0.041 cents per $100 value in the USA and elsewhere, for each 30 days or part thereof, up to a maximum of one year.

2. I certify that all items listed in the Itemized Valued Inventory are for my personal use and not for resale or accommodation to others.

3. I acknowledge that the United Nations has no responsibility for loss or damage to my household goods and personal effects while in transit or in storage other than to arrange insurance coverage for them under the Staff Rules in accordance with my request.

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| --- | --- |
| 4. The total value of my household goods and personal effects being shipped is:  .  .  .  .  US$ |  |
|  |  |
| 5. I certify that my insurance entitlement (or balance of entitlement) is: .  .  .  .  .  .  .  .  .  US$ |  |

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| --- | --- | --- | --- | --- | --- | --- |
|  | | **Check only one box below** | | | |  |
| 6. I request insurance coverage for the total value as indicated in (4.) above and I agree to pay for any excess insurance premium over my entitlement: | | |  | | **Insurance Premium rates per US$100 value for excess of entitlement:**  **Air – US$0.800**  **Rail/Truck – US$0.800**  **Sea – US$1.355** | |
| 1. I request insurance coverage **only up to my entitlement** as indicated   in (5.) above with the understanding that any claim settlement would be on a pro-rata basis of total value against entitlement: | | |  | |
|  | | | | | | |
| TRAVEL AUTHORIZATION | ALLOTMENT ACCOUNT NO. | | | MODE OF SHIPMENT | | |
| LAND  AIR  SEA | | |

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| --- | --- |
| ORIGIN OF SHIPMENT  FROM: | DESTINATION OF SHIPMENT  TO: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** |  |  | **Signature of Staff Member:** |  |

#### 

#### Users can add/minimize the rows as necessary. To total the figures in the “Value” column, type “TOTAL” under description column, then place the cursor in the cell that is to hold the total and click the AutoSum button “ Σ” on the Tables and Borders toolbar.

#### This form is available in Headquarters, New York at <http://intranet/forms/index.htm>.

#### ITEMIZED VALUED INVENTORY

| **NO. OF**  **PIECES** | **DESCRIPTION** | **VALUE IN**  **U.S. DOLLARS** |
| --- | --- | --- |
|  | Baby Chair + Scooter | **200** |
|  | Bedding + Wall Clock | **1000** |
|  | Carpet | **3000** |
|  | Rug | **5000** |
|  | Bedding | **500** |
|  | Bedding | **1000** |
|  | Bedding | **1000** |
|  | Tables + Chairs | **3000** |
|  | Christmas Decoration | **500** |
|  | Heater | **100** |
|  | Radio + DVDs + CDs | **2000** |
|  | China Ware | **2000** |
|  | Glass Ware + Decoration | **1000** |
|  | Bicycle | **200** |
|  | Iron + Ironing Board + Dryer Clothes Rack | **200** |
|  | Picture Frames | **3000** |
|  | Toys | **2000** |
|  | Books | **5000** |
|  | Kitchen Ware | **2000** |
|  | Clothes | **10000** |
|  | Shoes | **5000** |
|  | Mirror | **3000** |
|  | Side Tables | **1000** |
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1. \* The time for submission of the Letter of Protest, usually 3 - 7 days is determined by the transport contract document. Failure to provide such notice may create a presumption that the goods were delivered in good order and the responsibility of proof of damage before or during delivery falls on the claimant. [↑](#footnote-ref-1)