



PRESENTATION C

(Claim must be filed withi

Transferee / Claimant: [REDACTED]		
Destination Address: [REDACTED]		City: London
Origin Address: [REDACTED]		City: Geneva
Mailing Address:		City:
Inventory Lot & Item #	Description of Item	Enter the word "Missing" or a Description
	Book shelf	Missing Legs, cannot stand upright
	Side Table	damaged leg base
	Coat Stand	Missing essential part, cannot assemble
	TV Stand	Lost, never showed up
	Meuble /Wooden Chest	damaged wood
	Dining Chairs x 3	missing screws, unable to assemble
	Dining Chair	broken leg
	Garden Furniture (2xsingle sofas, 1x 3seater, 1 table)	missing screws, unable to assemble
	Hammock	missing screws, unable to assemble
	4 outdoor plant pots	broken
	King Size Bed Frame	missing screws, unable to assemble
	Single Bed frames x 2	missing screws, unable to assemble
	Futon	missing legs
	Clothes Rail	missing screws, unable to assemble
	Desk	missing screws, unable to assemble
	Delivery, installation of replacement items	
	Disposal of irreplaceable/ damaged items	

All statements made in this statement of claim, and any attached documents, are true and correct to the knowledge and belief, and constitute my complete and entire claim. No material information has been v

27/08/2022

Claimant Signature

Date

To Sign Electronically place and "X" in Box

X

Please enter date of signing and

NOTE: FAILURE BY CLAIMANT TO SIGN THIS FORM WILL CAUSE DELAY IN PROCESSING UNTIL SIGNATURE IS PROVIDED

OF LOSS AND DAMAGE

(in 90 Days from Date of Delivery)

		Cell Phone #: [REDACTED]	GMII Shipment # M2201404		
State:	Zip Code: [REDACTED]	Country: United Kingdom	Delivery Date: 22/08/2022	Claim Due 20/11/2	
State:	Zip Code: [REDACTED]	Country: Switzerland	Company Name: JTI		
State:	Zip Code:	NOTE: If you will accept a nominal cash allowance <u>instead</u> of repairs, enter the USD Dollar amount of allowance you are requesting. If repairs are required, enter the word "REPAIR".			
Description of the Damage	Approx. Weight	Date Purchased	Original Cost	Replacement Cost	Amount Claimed (See Note Above)
	N/A	9/23/20	342.00	342.00	342.00
	N/A	9/1/20	20.00	20.00	20.00
ible	N/A	1/1/21	42.00	42.00	42.00
	N/A	10/1/20	200.00	200.00	200.00
	N/A	9/23/20	932.00	932.00	932.00
	N/A	9/5/20	216.00	216.00	216.00
	N/A	9/5/20	72.00	72.00	72.00
	N/A	3/1/21	1,290.00	1,290.00	1,290.00
	N/A	3/1/21	135.00	135.00	135.00
	N/A	1/1/21	160.00	160.00	160.00
	N/A	9/1/20	500.00	500.00	500.00
	N/A	1/1/19	3,534.00	3,534.00	3,534.00
	N/A	1/1/21	309.00	309.00	309.00
	N/A	1/1/21	20.00	20.00	20.00
	N/A	12/1/21	530.00	530.00	530.00
		TBD	300.00	300.00	300.00
		TBD	100.00	100.00	100.00

Best of my
withheld.

TOTAL CLAIMED in USD:

8,702.

Email Address

Please attach written estimates of repair, substantiation of claimed values, and signed delivery receipts where applicable, and return to:

your Email Address above.

NATURE IS RECEIVED

Email:

intlclaims@graebel.com

Mail:

Graebel International Claims
731 N 1st Street, Ste 1000
Wausau, WI 54403

Fax:

