



TRANSIT INSURANCE REPORT OF LOSS AND DAMAGE FORM

IBM Customer/Business Partner - Please complete this form and submit to your Customer Fulfillment (CSO/BPSO) co you receive a shipment with damages or when you determine that a shipment has been lost or stolen, but in all cases days of scheduled delivery.

COMPLETED BY: (Check One) *

END-USER CUSTOMER

BUSINESS

Company Name: * Contact Name: * Phone: * Fax: E-mail: Country: ----- Select a Country ----- ↕ Invoice #: Original Purchase Order: Date Loss/Damage Noticed:	Machine Type: Model #: Serial #: OR Part #: Location of Damaged Equipment: Location Name: Contact Name: Street: City: State: Country: ----- Select a Country ----- Zip: Phone: IBM Order #:
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Person completing this form (if different from above): Same as above <input type="checkbox"/> Name: Phone: Fax: E-mail:	Type of Loss or Damage: <input type="checkbox"/> Non Delivery of the Entire Shipment <input type="checkbox"/> Shortage <input type="checkbox"/> Rough Handling Damage <input type="checkbox"/> Water Damage Other (Pls. describe) Delivery slip has been annotated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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THE FOLLOWING BOX MUST BE CHECKED ONLY IN THE EVENT CUSTOMER IS ASSIGNING THEIR RIGHT TO THE PROCEEDS TO IBM.

We hereby assign all rights to the claim proceeds from Fireman's Fund McGee Policy numbers OC/OCW 95278200 to IE

IBM encourages Customers and Business Partners to assign claim proceeds to IBM as this may help to facilitate quicker	If the equipment does not arrive at the delivery I IBM determines that the equipment damage req
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claim resolution. The box to allow claim proceeds assignment is provided above.

If claim proceeds are **NOT** assigned to IBM, mail settlement check to:

Company Name:

Address:

Street:

City:

State:

Country: ----- Select a Country -----

Zip:

Attention to:

Reference #:

the equipment, do you want to reorder (same tel as original order will apply)?

Yes No

[Note: failure to answer 'yes' will delay your abil replacement equipment.]

New Purchase Order #:

TA #:

Contact Name:

Title:

E-mail:

Phone:

Customer/BP Signature: _____

Date: _____

ANY CLAIM FORM SUBMITTED TO IBM AS AN ATTACHMENT TO AN EMAIL WILL BE CONSIDERED A DOCUMENT SIGNED AND EXECUTED BY YOU AND IT WILL BE PROC ACCORDANCE WITH THE TERMS OF THE CLAIM FORM AND ESTABLISHED PROCED

Company Name:

THE PACKAGING MATERIALS INCLUDING THE TMC (TILT MONITOR CARD) SHOULD NO REMOVED FROM THE PREMISES OR DISPOSED OF UNTIL AN INSPECTION IS CONDUCTEI ADVISED BY WK WEBSTER.

TO BE COMPLETED BY IBM CUSTOMER FULFILLMENT (CSO/BPSO)

Customer/BP #:	_____	Invoice #:	_____
IBM Order #:	_____	Invoice Date:	_____
DELREQ (EMEA only):	_____	A/R Dept:	_____
MES Model Change:	Yes No	CSO Contact:	
Price (incl. tax) of Lost or Damaged Equipment: \$	_____	CSO/BPSO Location:	_____
Other Related Claim Charges:	_____	Name:	_____
Brand/Division (2 digit alpha and/or numeric #):	_____	Phone:	_____
		Fax:	_____
		E-mail:	_____

TO BE COMPLETED BY IBM CLAIMS COORDINATOR

Estimated Value of Claim: \$	_____	STARS Incident #:	_____
Transportation Carrier:	_____	Was a TMC Incident Data Sheet provided and entered into the STARS database?	Yes No
AWB, Pro or Bill of Lading #:	_____		

Dated:	_____	Claims Coordinator:	
Voyage:		Name:	_____
From:	_____	Phone:	_____
To:	_____	Fax:	_____
		E-mail:	_____

Submit