
	<h1>Claims Checklist</h1> <h2>Forms and Templates</h2>		Document Number: FM-SS-01.03
	Department: Claims	Effective Date: July 26, 2018	Revision No 0

	<h2>CLAIMS CHECKLIST</h2>		DOCUMENT NO: FM-SS-01.03																																																					
			EFFECTIVE DATE: July 23, 2018																																																					
			REVISION NO: 0																																																					
			DEPARTMENT: Claims																																																					
Date Received: _____ F2 Claim No.: _____ Date Incident : _____ Claims Status: _____ Company Name: _____ Declared Value: _____ House Waybill No.: _____ Policy Deductible: _____ Claim Amount: _____ Recovery Amount: _____																																																								
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