

MAIL TO:
Claims & Legal Services
Adventist Risk Management
12501 Old Columbia Pike
Silver Spring, MD 20904
claims@adventistrisk.org
Fax (301) 680-6878
Phone: (301) 680-6870

ACE American Insurance Company
Personal Effects and Money Claim Form

COMPLETE IN DETAIL TO ENSURE PROMPT HANDLING

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FORMULÁRIO DE SINISTRO - BENS PESSOAIS E VALORES

Insured Information Informação do Segurado			
3ROLF IDPH			3ROLF
Nome do Segurado Name of Insured:		Sobrenome Last Name	Nome First Name
Nome da Pessoa Coberta Name of Covered Person		Sobrenome Last Name	Nome First Name
Endereço Home Address		Rua # and Street	Cidade City/Town
Email Email Address:		Telefone Residencial Home Telephone ()	Telefone Comercial Business Telephone ()
Estado State			
CEP Zip Code			
Travel Details Detalhes da Viagem			
Type of Travel: Business/Holiday: Tipo de Viagem: Trabalho/Férias			
Date of loss/damage/theft: Data da perda/dano/roubo		Country in which theft occurred: País o qual o roubo ocorreu:	
Details of loss/damage/theft: Detalhes da perda/dano/roubo:			
To whom was loss/damage/theft reported (please provide copy of report) A quem foi denunciada a perda/dano/roubo (por favor, anexe a cópia do BO)		Date loss/damage/theft reported: Data da denúncia da perda/dano/roubo:	
If article(s) lost/stolen: Describe steps taken regarding recovery of the article(s) (Please provide any printed evidence) (Por favor, anexe qualquer tipo de evidência impressa)		Se o item foi perdido/roubado: Descreva os passos tomados em relação a recuperação desses itens.	
If article(s) damaged: Supply estimates for cost of repairs or documentation from a reputable dealer confirming irreparable damage. (Please provide receipts/estimates/invoices) (Por favor, anexe recibo/orçamentos/cupom fiscal)		Se o item foi danificado: Forneça o orçamento para a reparação ou documentação de um profissional confirmando que não há recuperação.	
Is any property lost/damaged/stolen insured by any other insurance company? Há alguma propriedade perdida/danificada/roubada segurada por outra companhia?		Yes	No
If YES, please supply name, address, telephone number and policy number: Se sim, por favor, escreva o nome, endereço, telefone e número de apólice: Please supply name, address, telephone number and policy number of homeowners/household contents insurers: Por favor, forneça o nome, endereço, telefone e número de apólice para seguradoras:			
Have you had any previous claims on this type of insurance? Você teve qualquer tipo de sinistro anterior com esse tipo de seguro?		Yes	No
If YES, please give full details with relevant dates: Se SIM, por favor, apresente detalhes completos com datas relevantes:			
Notes: Notas:			
1. All losses should be reported to the local police and a report obtained. This should be forwarded to Adventist Risk Management, Inc.. Todas as perdas deveriam ser reportadas na polícia local e um BO processado. Isso deveria ser enviado para a ARM.			
2. All losses or damaged property which occurred while in the custody of an airline should be reported and a Property Irregularity Report Form obtained. This should be forwarded to Adventist Risk Management, Inc., together with the ticket stubs. Todas as perdas ou dano de propriedade que ocorram enquanto em custódia de uma aerolínea deve ser denunciada e um Formulário de Irregularidade obtido. Esse documento deve ser enviado a ARM com o ticket.			
BY SIGNING BELOW I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AO ASSINAR ABAIXO EU DECLARO QUE A INFORMAÇÃO ACIMA É VERDADEIRA E CORRETA QUANDO AO MEU CONHECIMENTO			
AUTHORIZATION and ASSIGNMENT OF BENEFITS AUTORIZAÇÃO e DESTINO DOS BENEFÍCIOS			
I, the undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, Insurance support organization, governmental agency, group policyholder, Insurance company, association, employer or benefit plan administrator to furnish to the Insurance Company named above or its representatives, any and all information with respect to any injury or sickness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the person whose death, injury, sickness or loss is the basis of claim and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the Policy Number identified above. I authorize the policyholder, employer or benefit plan administrator to provide the Insurance Company named above with financial and employment-related information. I understand that this authorization is valid for the term of coverage of the Policy identified above and that a copy of this authorization shall be considered as valid as the original. Autorizo que o reembolso seja enviado ao hospital ou outra instituição médica, médico ou outro profissional. I agree that a photographic copy of this Authorization shall be a valid as the original. I understand that I or my authorized representative may request a copy of this authorization. I understand that I or my authorized representative may revoke this authorization at any time by providing the insurance company with written notification as to my intent to revoke.			
Signature of Insured or Authorized Representative Assinatura do Segurado ou Pessoa Autorizada			Dated Data
Address: Endereço			

Por favor, providencie os recibos ou orçamento para reposição vindo de um profissional para item com valor e USD 150 ou mais.

WARNING. Any person who knowingly:

Alaska: and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona, Arkansas **and Rhode Island**: presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or specific to AR **and RI**: presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Delaware: and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: and with intent to injure, defraud, or deceive any insurer, files a statement of claim or application containing any **false, incomplete**, or misleading information is guilty of a felony of the third degree.

Idaho and Indiana: and with intent to defraud or deceive any insurance company, files a statement of claim containing **any false, incomplete**, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky, New York and Pennsylvania: and with intent to defraud any insurance company or other **person** files an **application** for insurance, or files a statement of claim, containing any materially false information or conceals, for the purpose of **misleading**, information **concerning** any **material** fact thereto commits a fraudulent insurance act, which is a crime, specific to PA: subjects **such person** to criminal and civil **penalties** and specific to NY: shall also be subject to a civil penalty not to exceed five thousand dollars and the **stated** value of the **claim** for each such **violation**.

Louisiana, New Mexico, Texas and West Virginia: presents a false or fraudulent **claim** for the payment of a **loss** (or specific to LA, TX and W VA: who knowingly presents false information on an application for insurance) is guilty of **a crime and may be subject to fines and** confinement in state prison, (or specific to NM: to civil fines and criminal penalties.)

Maryland: and willfully presents a false or fraudulent **claim** for payment of **loss or benefit** or who **knowingly** and willfully presents false information in an application for insurance is guilty of a crime and may **be subject to fines and confinement in prison**.

New Jersey: files a statement of claim containing **any false or misleading** information is subject to criminal and civil penalties.

Ohio: with intent to defraud or knowing **that he is facilitating** a **fraud** against an **insurer**, submits an application or files a claim containing a false or deceptive statement is guilty of insurance **fraud**.

Oklahoma: and with intent **to injure, defraud** or deceive **any insurer**, **makes any** claim for the proceeds of an insurance policy containing any false, incomplete or misleading **information** is guilty of a felony.

Oregon: **and with intent to defraud** any **insurance company** or other person files an application for insurance or a statement of claim containing any **materially false information** or **conceals** for **the purpose of** misleading, information concerning any fact material hereto, may be subject to prosecution for **insurance fraud**.

Puerto Rico: **and with the intention of** defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a **fraudulent claim** for **the** payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a **felony** and, **upon conviction**, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not **more** than **ten thousand** (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are **present**, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced **to a** minimum of two (2) years.

WARNING:

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Hawaii: Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Maine/Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

Tennessee and Virginia : It is a crime to knowingly provide false, incomplete or misleading information to an insurer or insurance company for the purpose of defrauding the insurer or insurance company. Penalties include imprisonment, fines and denial of insurance benefits.