

PRESENTATION OF CLAIM FOR LOSS AND DAMAGE TO HOUSEHOLD GOODS

ORDER NO.	DATE LOADED	DATE DELIVERED	FROM (CITY,STATE)	TO (CITY,STATE)
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CLAIMANT :
ADDRESS :

THE COMPANY RESERVES THE RIGHT TO REQUIRE NOTARIZED STATEMENT OR AFFIDAVIT.

If moved previously, give Name Of Carrier _____ Order No. _____ Date _____

Origin _____ Destination _____

Invent. Number	ARTICLE	State If Loss Or Damage If Damage-Describe Event	Estimated Weight	Date Acquired	Original Cost	Present Value	Amount Claimed	Estimated Cost Of Repair	
Were exceptions noted on inventory at destination. Yes <input type="checkbox"/> No <input type="checkbox"/>							Total		

I am the owner of the property described. I did not cause or contribute to the damage set forth herein.

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

SHIPMENT RELEASED AT:

Signature Of Claimant _____ Date _____ Home Phone No. _____ Business Phone No. _____ 60c PER LB. PER ARTICLE

VALUATION DECLARED ON B/ L \$ _____