



PROPERTY CLAIM FORM

Insured/Moving Company:	
Reported by:	
Date Reported:	
Date of Loss:	

DETAILS OF LOSS

I am the owner or legal representative of the property described above. All information 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.

Signature

Date

Email Address