

Statement of Claim For Local Moves - Furniture – Warehouse and Transit

Before filling out form, read reverse side and instructions on this side carefully.

Name of Claimant		Telephone No.		Insured's Active Coverage Number			
Address of Claimant				Policy Number			
Total Value of Entire Shipment			Total Weight of Entire Shipment		Claim Number		
By Whom Packed (person and/or employer)					Date Packed		
Date Shipment was loaded			Location from which removed				
Name and Address of Carrier or Mover							
Name of Storage Company and Location of Warehouse in which stored							
Date Placed in Storage		Date Removed from Storage		Date Delivered		Location where Delivered	
By Whom Unpacked (person and/or employer)					Date Unpacked		
Name and Address of Delivering Carrier							
Date damage or shortage discovered			By Whom		Kind and/or cause of damage		
Details of Claim In describing articles give as much information as possible, such as color, finish, kind of material, pattern, design, model number, serial number, trade name, manufacturers named, etc. If purchase invoices are available, submit in support of valuation.							
Inventory Number	Quantity	Description of article(s) comprising claim (include serial no., color, size, etc.	Describe nature of damage, breakage, chipped etc. (if damage caused by pads, paper or rope marks, please state)	From who and where purchased, date of purchase (if a present, give name and address of Donor	Weight of article	Cost new or appraised value	Actual claim (Cost less depreciation)
The following documents are attached in support of claim. (All these should be submitted): <input type="checkbox"/> Original advice of coverage form <input type="checkbox"/> Repairman's estimate of cost of repair				<input type="checkbox"/> Appraiser's estimate of value <input type="checkbox"/> Other papers, documents, etc., in support of claim, including paid freight bill, and bill of lading if not previously surrendered to carrier.			
Signature of Claimant:					Date:		

Please read carefully before filing claim

Transportation Losses

This presentation of claim form is provided to aid compliance with the terms of the bill of lading. Before presenting a claim for loss and damage, review the terms and conditions of the bill of lading under which the property was accepted for transportation

Under the provisions of the Motor Carrier Act, 1935, applying for inter-state shipments, it is unlawful for a carrier to charge or demand or collect or receive, any greater or less or different compensation for the transportation of property other than the rates and charges named in tariffs lawfully on file.

To refund or remit in any manner or by any device, any portion of the rates and charges so specified through the payment of fraudulent, fictitious or excessive claims for loss or damage to merchandise transported is as much a violation of law as is direct concession or departure from the published rates and charges.

Warehouse Losses

A warehouse company is not an insurer of customers' property in storage. The law provides that a warehouse concern is only liable for loss or damage in case of failure to exercise ordinary care.

Warehouse charges are based upon a limitation of liability. This limitation is clearly set forth in your warehouse receipt contract.

Insured Losses

The above limitations do not apply providing you were issued a Certificate of Insurance covering your goods while in storage or if you were issued a Certificate of Insurance covering an intra-state transportation of goods.

(Please mail in Duplicate)

The amount of insurance I took out covering my household goods was \$ _____

The actual value of all of my goods was \$ _____

The insurance covers (check which one applies) while in transit or while in storage.

I/we warrant that the undersigned is the true and lawful owner of the items set forth; that the foregoing is true and correct; that all of the loss or damage for which claim is made occurred during the move insured under the attached insurance certificate and that if any of the lost items for which payment is made hereunder are found and delivered to the undersigned, such articles will be accepted by the undersigned and the amount of the insurance company's payment will be refunded.

Payment by _____; to _____ shall be in full settlement and satisfaction of all claims for loss and/or damage to my/our household goods and upon such payment i/we hereby release, acquit and forever discharge _____ and moving and storage company of and from any and all actions, causes of action, claims, demands, costs, loss of services, expenses, and compensations, on account of or in any way growing out of all known and unknown loss and/or damage resulting to said household goods during this move.

Upon the payment of my/our claim. I/we hereby subrogate to said insurers all my/our right, title and interest in and to the property to which claim is made and agree to immediately notify said insurers in case of recovery of any property for which claim is made.

Date	At
Signature	