

Moving Claim Services

P. O. Box 3
Malden, MA 02148
www.MovingClaimServices.com
781-985-6574

Statement of Claim for Lost or Damaged Goods

Filing Date:	Pick Up Date:
Name:	Delivery Date:
New Address:	Email:
Origin Address:	Home Phone:
	Cell Phone:

Moving Company:
Address:
Phone #:
Contact:

Inventory Number	Article	Description of Damage	Estimated Weight	Age/Date Purchased	Original Cost	Amount Claimed	Office

Total Claimed: _____

Instructions to Claimant

1. All claims must be filed with the Carrier within 15 days upon completion of a local move, 9 months upon completion of an interstate move.
2. Complete the claim form in its entirety to avoid unnecessary delays. In describing items, provide details such as make, model #, color, size, material, etc... A separate sheet of paper may be used for additional information.
3. Upon submitting a claim, the Shipper must provide supporting documentation including photographs of damaged items, inventory line item, description of damage and receipts. In the event no receipts are available, the burden will be upon the owner of the items to provide proof of value. In all instances, the Carrier reserves the right to make a final determination with regards to value.
4. Shipper must retain all damaged items until final resolution of the claim.
5. Carrier will not honor any fees associated with estimates or repairs without written authorization.
6. No claim shall be addressed until all services are paid in full.

I/we, the undersigned, own the property described. The undersigned hereby swear that the above information on this form and any additional attached supporting documents is true and correct to the best of my/our knowledge and constitutes my/our complete and entire claim. The undersigned does further swear no information has been withheld or misrepresented. If it is determined that any of the above or additional attached supporting documents is false, or material facts withheld or misrepresented, it is agreed this shall justify in part or in whole the denial of this claim.

Signature of Claimant(s): _____ **Date:** _____

_____ **Date:** _____