**PRESENTATION OF LOSS AND DAMAGE CLAIM**

Client's Name _____ _____ Client's Address _____
New City Order Number Zip Code

Moved From _____ Moved To _____ Date _____
(City & State) (City & State)

At the time of delivery, were the articles you are now claiming marked as damaged on the bill of lading? ☐Yes ☐No* *If not, please state why not

_____

**DETAILS OF CLAIM**

Please give all information to the best of your knowledge. In describing articles, give as much information as possible, such as : color, finish, type of material, pattern, design, model number, serial number, trade name, manufacturer's name, etc.

**Do not dispose of damaged items until claim is settled.**

| Invoice Number | Article | Estimated Weight | Description of Damage | Purchased from Whom | Date Purchased | Purchase Price | Amount Claimed | Home Office Use Only | | |
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*The foregoing statement of facts is hereby certified as correct* Total Claim _____

Date _____ Client Phone (_____) _____ _____

Signature of Client _____