

For Office Use Only

Date Received: \_\_\_\_\_

Agent: \_\_\_\_\_

# Presentation of Loss

(Your claim must be filed within 10 days)



Agent for



Customer's Name: \_\_\_\_\_

Bill of Lading #: \_\_\_\_\_

Current Address: \_\_\_\_\_

Registration#: \_\_\_\_\_

Former Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

*Please identify which applies to your shipment*

Released at 30¢ per pound per article

Deductible Amount \$ \_\_\_\_\_

Full Value Protection \$ \_\_\_\_\_

Other \_\_\_\_\_

*For office use only*

Inv No	Article	Description	Est. Weight	Original Cost	Current Value	Date Acquired	Amt. Claimed	Ver	\$0.30 Per pound	FVP	REP	C/O

- ✓ Your claim **will not** be processed nor a claim settlement be made until all freight bills and charges **have been paid**.
- ✓ S & M Moving Systems reserves the right to inspect all damage prior to repair. Please do not discard any packing materials or make any repairs until damage has been verified. **Damage that cannot be verified will not be covered.** Please fill in all information requested. Failure to do so could slow down the timely processing of your claim.
- ✓ By making this claim, the undersigned hereby warrants that he/she is authorized to submit this claim on behalf of the shipper/consignee, and hereby consents to the disclosure of the information provided herein and that all other information about the claim to personnel involved in the in the investigation process.

I/We hereby certify that the above information is true and accurate to the best of my/our knowledge and belief and that this is my/our one full and complete claim.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Storage:	Date:	Delivery Date:	Cartons packed By:	Unpacked By:	Stored At:
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Customer's Name: \_\_\_\_\_ Bill of Lading #: \_\_\_\_\_ Date: \_\_\_\_\_

Inv No	Article	Description of Damage	Est. Weight	Original Cost	Current Value	Date Acquired	Amt. Claimed	<i>For office use only</i>				
								VER	\$0.30 Per pound	FVP	REP	C/O

Total Amount Claimed: \_\_\_\_\_

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