



# Claims From

"Please fill out this form carefully providing as much information as you can, the more information you provide, the easier it will be to process your claim and you can expect faster response time from the moving company you used." If you are having trouble. DOWNLOAD the form by tapping the GREEN download button. Print this form and email to: [newclaim@movingcompanyclaims.com](mailto:newclaim@movingcompanyclaims.com)

## Customer Information

Name on bill of lading/Contract	Phone	Alternate Phone
<input type="text" value="Name"/>	<input type="text" value="Phone"/>	<input type="text" value="Alternate Phone Number"/>
Email	Current Address	Mailing Address
<input type="text" value="Email"/>	<input type="text" value="1234 Main St"/>	<input type="text" value="Apartment, studio, or floor"/>
City	State	Zip Code
<input type="text" value="City"/>	<input type="text" value="New York"/>	<input type="text" value="10001"/>

## Information About Your Move

Moving Company Name	Order / Reference Number	
<input type="text" value="Company Name"/>	<input type="text" value="Order"/>	
Origin State	Pick Up Date	
<input type="text" value="Origin State"/>	<input type="text" value="mm/dd/yyyy"/>	
Destination State	Delivery Date	
<input type="text" value="Destination State"/>	<input type="text" value="mm/dd/yyyy"/>	
Were those items stored?	<input type="radio"/> YES <input type="radio"/> NO	<input type="text" value="If So where and for how long"/>

## Additional Insurance

Did you purchase insurance for your move  YES  NO

Insurance Company Name	Phone number
<input type="text" value="Company Name"/>	<input type="text" value="Phone"/>

## Claim Form and Worksheet

Claimant Name	Page	Of
<input type="text" value="Name"/>	<input type="text"/>	<input type="text"/>
Moving Company Name	Order#	
<input type="text" value="Company Name"/>	<input type="text" value="Order"/>	

Inventory Number	Item Being Claimed
<input type="text" value="Inventory number"/>	<input type="text" value="Item claim"/>
Description Of Damage	
<input type="text" value="Description Of Damage Details"/>	

Dollar Amount Claimed

Year Purchased

Write Dollar Amount

Year Purchased

Who packed this item?

Claimant

Moving Company

Shipper

Picture Included?

YES

NO