

CLAIM FORM

Please complete all **YELLOW** shaded areas

Order Number		

Claimant Name	
Street Address	
City / Province	
Postal Code	
Telephone	

Employer				
Date Loaded				
Moved From (CITY / Prov.)				
Value Declared on Bill of Lading				
Type of Move	VAN		CONTAINER	

1. Tag No.	2. Item Description	3. Damage Description	4. Date of Purchase	5. Original Cost	6. Replacement Cost	7. Amount Claimed	Carrier Use Only	
							Cash Settlement	Repairs Less GST
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total Claim								

The terms and conditions governing this move require this written claim be received by the carrier within 60 days from date of delivery

I am the owner of the property described. I did not cause or contribute to the damage set forth herein. All statements made in this claim and any attached documents are true and correct to the best of my knowledge. The above claim constitutes my complete and entire claim. Any items in respect of which cash settlement is made as compensation for loss or irreparable damage shall be the property of Williams Moving and / or United Van Lines. I understand the carrier reserves the right to request a notarized statement or affidavit. All transportation and related charges must be paid in full prior to final settlement of my claim.

Date:		Signature:	
-------	--	------------	--

D.A. Use Only		Settlement Summary	
Trace Requested on No(s):		Member Due Credit:	
Authorization Requested on No(s):		Date Closed:	
Proceeding with settlement on No(s):		C/S & Rep.:	
D.A. Signature:		Fee:	
Date:	D.A. No.:	Total:	