



Golden Eagle Moving Services

1450 N Benson Ave

Upland CA 91786

Claim Form

ORDER NUMBER: GEM - _____ - _____

| | | | | | | | | |
|---------------|--|------|----------------|-----|---------------|------------------|--|--|
| Customer Name | | | Home Telephone | | | Office Telephone | | |
| New Address | | City | State | Zip | Delivery Date | | | |
| Old Address | | City | State | Zip | Pick-up Date | | | |

WAS SHIPMENT IN WAREHOUSE?

YES NO

DID EMPLOYER PAY FOR MOVE? NO YES EMPLOYED BY _____

WHAT WAS DECLARED VALUE PROTECTION? 60c LB. \$1.25LB. FULL VALUE PROTECTION

| 1 | 2 | 3 | 4 | 5 | 6 | HOME OFFICE USE ONLY | | | | |
|------------------|----------------|---------------------|------------------------------|-------------------------------|-----------------|----------------------|---------------------------|--------------------|-------|-------------|
| Inventory number | Article weight | Article description | Description of loss / damage | Date of purchase/ Age of item | Cost to replace | Amount claimed | Carton damaged? Yes or No | C/S \$ or R=repair | Expl. | Resp. party |
| 38 | 40 LBS. | END TABLE | SCRATCHED TOP EXAMPLE | 4 YRS. | \$275.00 | \$50.00 | N/A | | | |
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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 STATEMENT OF CLAIM AND ANY ATTACHED DOCUMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND CONSTITUTE MY COMPLETE AND ENTIRE CLAIM. NO MATERIAL INFORMATION HAS BEEN WITHHELD. DOT REGULATIONS REQUIRE THAT ANY CLAIM FOR LOSS, DAMAGE OR DELAY MUST BE SUBMITTED IN WRITING BY CLAIMANT AND RECEIVED BY CARRIER WITHIN 9 MONTHS FROM DATE OF DELIVERY.
SEE GENERAL INSTRUCTIONS ON NEXT PAGE FOR ADDITIONAL INFORMATION.

SIGNATURE OF CLAIMANT **X** _____ DATE / /

REMARKS
You have up to 9 months to submit a claim from your delivery date. Please return form to address listed above.