



RETURN TO:

# Claim Form

See next page for instructions

**ORDER FOR SERVICE NUMBER:**

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

								HOME OFFICE USE ONLY		
1	2	3	4	5	6					
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 <b>EXAMPLE</b>	4 YRS.	\$275.00	\$50.00	N/A			

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    /    /   

**R** \_\_\_\_\_  
**E** \_\_\_\_\_  
**M** \_\_\_\_\_  
**A** \_\_\_\_\_  
**R** \_\_\_\_\_  
**K** \_\_\_\_\_  
**S** \_\_\_\_\_

We are sorry you have found it necessary to report a claim. United attempts to settle all claims in an equitable and timely manner. We appreciate your cooperation in filling out the form. Upon receipt of the form, a file will be established and assigned to an adjuster. You should receive a letter within 3 weeks of receipt of the claim form in acknowledgment.

**General Instructions:**

- A. Please retain the damaged articles, including shipping cartons. These items must be available for inspection.
- B. Time limit for filing claim is 9 months from date of delivery or conversion to permanent storage. The 9-month claim filing period does not apply to government, military and some national account contracts. Contact your booking agent, transportation management office or move coordinator for specific claim filing information.
- C. Please have shipping documents available at time of inspection.
- D. Transportation charges must be paid prior to claim settlement.

**Helpful Hints:**

- A. The **ORDER FOR SERVICE NUMBER** must be referenced on claim form and any subsequent correspondence or inquiries. If not already entered on the claim form, this number can be found at the top right hand corner of the Bill of Lading. This number also appears on the top right hand corner of the Order for Service.
- B. Complete top portion of form thoroughly. Include zip codes with addresses and area codes with telephone number. Please give us the phone numbers where you can be reached during normal business hours.
- C. Complete all columns for articles claimed:
  - 1. Not providing Inventory Numbers may delay the processing of your claim.
  - 2. Give a brief description of article claimed including make and model number if applicable, (COFFEE TABLE, TV-XYZ, MODEL 123).
  - 3. Describe the extent, location and nature of damage, (SCRATCH TOP RIGHT EDGE, OR LEFT REAR LEG BROKEN).
  - 4. Indicate the article's replacement cost today for same, or similar articles.
  - 5. Enter the amount you are claiming in settlement. The CLAIM FORM is not complete without this amount.
  - 6. If the claimed item was packed, please indicate whether the carton was damaged by marking YES or NO in the appropriate column. This information is important since we allocate responsibility to the party responsible for the reported damage.
- D. If additional space is required, please be sure attached pages include the same information requested on this form.
- E. The claim must be signed and dated. Failure to sign will result in the form being returned for signature.
- F. Be sure all unpacking has been accomplished, and all items checked, before submitting claim.
- G. Do not have any items repaired unless we advise you to do so.

**SAMPLE**

1. Inventory number	2. Article weight	2. Article description	3. Description of/loss damage	Date of purchase/ Age of item	4. Cost to replace	5. Amount claimed	6. Was carton damaged? yes no
38	40 lbs.	End Table	Scatched top	4 yr.	\$275.00	\$50.00	N/A
15	30 lbs.	Glass Bowl	Broken	8 mth.	\$22.50	\$22.50	No

**Minimum Filing Requirements:**

Federal regulations establish the minimum filing requirements as a "communication in writing from a claimant filed with a proper carrier within the time limits specified in the bill of lading or contract of carriage for transportation, and (i) containing facts sufficient to identify the baggage or shipment (or shipments) of property involved, (ii) asserting liability for alleged loss, damage, injury or delay, and (iii) making a claim for the payment of a specified or determinable amount of money, shall be considered as sufficient compliance with the provisions for filing claims embraced in the bill of lading or other contract of carriage."

**PLEASE RETURN THIS FORM TO:**