

PRESENTATION OF CLAIM FOR LOSS AND DAMAGE



INSTRUCTIONS TO CLAIMANT

1. Read the attached instructions to ensure proper completion of the claim form.
2. Print or type the requested information to the best of your knowledge.
3. Claims for missing items should be verbally reported on any non-military shipment to our office as soon as possible.

CLAIMANT ADDRESS

RETURN TO:
NL Wilson Moving
315 N. Lindenwood Dr,
Olathe, KS 66062

Contact: **913-236-7052**

THE COMPANY RESERVES THE RIGHT TO REQUIRE NOTARIZED STATEMENT OR AFFIDAVIT.

Fax to: **913-307-0131**

COLUMN NO. 1	COLUMN NO. 2	COLUMN NO. 3	COLUMN NO. 4	COLUMN NO. 5	COLUMN NO. 6	COLUMN NO. 7	COLUMN NO. 8
INV. NUMBER	ARTICLE	STATE IF LOSS OR DAMAGE, (IF DAMAGE, DESCRIBE EXTENT)	ESTIMATED WEIGHT	DATE ACQUIRED	ORIGINAL COST	AMOUNT CLAIMED A=Repair Cost B=Replacement Cost	IN HOUSE USE ONLY

Were exceptions noted on inventory at destination YES NO

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.

SIGNATURE OF CLAIMANT DATE HOME PH # BUS. PH.# CELL PH# EMAIL ADDRESS

(If more space is needed, please photocopy this form. If you wish a copy for your files, please photocopy and retain the photocopy for your files)

INSTRUCTIONS TO CLAIMANT FOR PRESENTATION OF CLAIM FOR LOSS AND/OR DAMAGE

Please follow the step-by-step instructions.

Column No. 1: The inventory number is very important. Please show the number that was attached to the article when it was loaded at origin. On packed items, indicate the container number. If you moved locally within an area, you will not have an inventory number.

Column No. 2: State the name of the article, "Triple Dresser" "Refrigerator", etc.

Column No. 3: (a) If an article is claimed lost, the immediate reporting of it is very important. Please give a full description i.e. make, model, color, size, shape, pattern, etc., which will be used for tracing purposes. When completing the claim form, please state where purchased, and the purchase price. If a carton is missing, identify contents of container and inventory number (tag numbers) and any identifying marks that may be unusual. (b) If an article is damaged, describe severity and location of damage, such as worn, torn, soiled, rubbed, scratched, dented, etc., explaining the exact location such as "top right front corner," "bottom left side panel," etc. Furniture, such as, sofas and chairs, are described left or right, facing the article, NOT from a sitting position. This is necessary to compare the origin inventory to determine new or pre-existing damages. On packed items, indicate whether the container was damaged and the extent of any damages. (c) If any of the damaged articles are electronics, appliances or automobiles/motorcycles, you must submit written repair estimates from a local repair company, i.e. Sears, Best Buy, along with your completed claim form. Estimates for repairs to electronics and appliances from the repairman must describe the damage to item, the cause of the damages and what repairs will need to be made. One estimate is required for appliances and electronics. Two (2) estimates are required for damages to automobiles/motorcycles and must be detailed as to what parts will be needed and what labor charges are associated with the repairs. **For non-military shipments only:** Any charges for obtaining these estimates will be reimbursed to you, if a copy of the receipt for those services is sent in with the claim form.

Column No. 4: If an estimate of weight is known enter it here.

Column No. 5: If date acquired is known enter it here.

Column No. 6: If you have copies of original sales receipts or appraisals, please submit them with your claim form. **Military members only:** Documentation supporting the replacement value of identical or similar items should accompany this form.

Column No. 7: If you are claiming a specific amount (repair, replacement cost) please note it here. Please note an "A" in the column followed by the repair amount or a "B" followed by the replacement amount. A statement of amount claimed may expedite the claims procedure.

Column No. 8: For in house use only. This is left blank.

If additional space is needed, please make additional copies of the blank form or continue on a separate sheet using the same format. Please type or print as neatly as possible.

Once your claim form is received, it will be entered into our claims system. **For non-military shipments only:** A notice will be mailed to you the following day stating we received your claim form. If the adjuster has any questions they will contact you.

The Carrier reserves the right to inspect any of the items claimed. Inspections will be handled by the adjuster, as needed. In the meantime, do not dispose of any of the damaged articles or do not proceed with any repairs unless it has been authorized by the adjuster.

If you must have something repaired prior to the settlement of the claim, you may do so at your own risk and expense. If the Carrier is liable for the repairs or replacement, we will reimburse you at the time of the settlement. You must submit a detailed written report from the repairman describing the damages, the cause of the damages and the repairs that were made along with their repair invoice and your claim form.

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CLAIMANT ADDRESS

John and Jane Doe
5555 Somewhere St
Anytown ST 12345

RETURN TO:

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123	DRESSER	CHIPPED TOP LEFT	90	2004	\$900	A=\$50	
456	SOFA	TORN ARM	120	2002	\$1500	B=\$1000	

SAMPLE

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