

# Claim Form



ORDER FOR SERVICE NUMBER: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Origin Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Destination Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Load Date: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Is the above address the same as the address to where your belongings were delivered?  Yes  No

If no, please enter address where delivered: \_\_\_\_\_

Were the goods stored in a warehouse?  Yes  No

If yes, indicate where: \_\_\_\_\_

Inventory Item Number	Description Of article	Enter "missing" or a description of damage	Article weight	Cost when originally purchased	When/Where Purchased	Enter "repair" or dollar amount (\$) claimed
29 <i>example</i>	END TABLE <i>example</i>	SCRATCHED TOP <i>example</i>	30 LBS <i>example</i>	\$158.00 <i>example</i>	Date Store Name <i>example</i>	\$158.00 <i>example</i>

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 NINE (9) MONTHS FROM DATE OF DELIVERY.

SEE GENERAL INSTRUCTIONS ON NEXT PAGE FOR ADDITIONAL INFORMATION.

SIGNATURE OF CLAIMANT **X** \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

We are sorry you found it necessary to file a claim. Master Movers attempts to settle all claims in an equitable and timely manner. We appreciate your cooperation in filling out this form. Upon receipt of the form, a file will be established and assigned to adjuster. You should receive an e-mail of acknowledgment within three (3) weeks of receipt of the claim form.

**General Instructions:**

1. Please retain the damaged articles, including shipping cartons. These items must be available for inspection.
2. Time limit for filing a claim is nine (9) months form date of delivery or conversion to permanent storage.
3. Documents must be sent via CERTIFIED mail to the address below.
4. Transportation charges must be paid prior to claim settlement.

**5. Please include photos of the actual damage and then the whole item itself.**

**Helpful Hints:**

1. The ORDER FOR SERVICE NUMBER must be referenced on claim form and subsequent correspondence or inquiries. If not already entered on the claim form, this number can be found at the top left corner of the Bill of Lading. This number also appears on the top right hand corner of the Order for Service.
2. Complete top portion of form thoroughly, including zip codes with addresses and area codes with telephone numbers. Please give us the phone numbers where you ca be reached during normal business house.
3. Complete all columns for articles claimed:
  - Not providing Inventory Numbers may delay the processing of your claim.
  - Give a brief description of article claimed - make and model number if applicable, (COFFEE TABLE, TV-XYZ, and MODEL 123).
  - Describe the extent, location and nature of damage, (SCRATCH TOP RIGHT EDGE, OR LEFT REAR LEG BROKEN).
  - Indicate the article’s replacement cost today for same or similar articles.
  - Enter the amount you are claiming in settlement. The CLAIM FORM is not complete without this amount.
  - 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.
4. If additional space is required, please be sure attached pages include the same information requested on this form.
5. The claim must be signed and dated; failure to sign will result in the form being returned for signature.
6. Be sure all unpacking has been accomplished and all items checked before submitting claim.
7. Do not have any repairs made unless we advise you to do so.

**SAMPLE**

1. Inventory number	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 or No
29	30 lbs <i>example</i>	End Table <i>example</i>	Scratched top <i>example</i>	4 yr <i>example</i>	\$158.00 <i>example</i>	\$50.00 <i>example</i>	N/A <i>example</i>
15	25 lbs <i>example</i>	Glass Bowl <i>example</i>	Broken <i>example</i>	8 mth. <i>example</i>	\$21.50 <i>example</i>	\$21.50 <i>example</i>	No <i>example</i>

**Minimum filing requirements**

Federal regulations establish the minimum filing requirement 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 containing facts sufficient to identify the baggage or shipment or shipments of property involved, asserting liability for alleged loss, damage, injury or delay, and 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 by CERTIFIED mail only to:**

Master Movers, LLC  
 Claims Department  
 2130 Winter Ave,  
 Indianapolis, Indiana 46218