



STANDARD PROOF OF LOSS AND DAMAGE CLAIMS FORM UNDER UNIFORM HOUSEHOLD GOODS BILL OF LADING

CLAIMANT INFORMATION:

Date of Filing Claim

Bill of Lading No.

Did you Purchase Full Replacement Valuation?

YES

NO

Name of Claimant

Address of Claimant

(street)	(city)	(state)	(zip)
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Phone No.

Email Address

Date Shipment was Loaded

Description of Shipment

Address Moving From

(street)	(city)	(state)	(zip)
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Address Moved To

(street)	(city)	(state)	(zip)
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Was shipment Stored?

YES

NO

IF CLAIM IS FOR BREAKAGE/SHORTAGE TO ITEMS PACKED IN BOXES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

By whom packed

Date unpacked

By whom unpacked

When was the damage discovered

By whom was the damage discovered

DETAILED STATEMENT OF ITEMS BEING CLAIMED:

Inventory No. (if applicable)	Describe Item and Damage:	Weight of Piece (lbs)	Purchase Date	Original Cost	Value at Time of Loss	Amount Claimed

Remarks/Contents:

By signing this form, I agree that all information provided is true and accurate to the best of my knowledge.

Signature

Date