

CLAIM FORM

Please complete all **YELLOW** shaded areas

Order Number					
Claimant Name					
Street Address					
City / Province					
Postal Code					
Telephone					
Employer					
Date Loaded					
Moved From (CITY / Prov.)					
Value Declared on Bill of Lading					
Type of Move	VAN	<input type="checkbox"/>	CONTAINER	<input type="checkbox"/>	<input type="checkbox"/>

	1. Tag No.	2. Item Description	3. Damage Description	4. Date of Purchase	5. Original Cost	6. Replacement Cost	7. Amount Claimed	Carrier Use Only	
								Cash Settlement	Repairs Less GST
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total Claim									

The terms and conditions governing this move require this written claim be received by the carrier within 60 days from date of delivery

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 claim and any attached documents are true and correct to the best of my knowledge. The above claim constitutes my complete and entire claim. Any items in respect of which cash settlement is made as compensation for loss or irreparable damage shall be the property of Williams Moving and / or United Van Lines. I understand the carrier reserves the right to request a notarized statement or affidavit. All transportation and related charges must be paid in full prior to final settlement of my claim.

Date:		Signature:	
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D.A. Use Only		Settlement Summary	
Trace Requested on No(s):		Member Due Credit:	
Authorization Requested on No(s):		Date Closed:	
Proceeding with settlement on No(s):		C/S & Rep.:	
D.A. Signature:		Fee:	
Date:	D.A. No.:	Total:	