

**BEKINS MOVING SOLUTIONS**

717 E. Venice Avenue

Venice, FL 34285

Phone: 941-584-9070

Fax: 866-953-4569

**STATEMENT OF CLAIM*****CLAIM MUST BE FILED WITHIN  
9 MONTHS OF DELIVERY*****BILL OF LADING**

Please use this form to register a claim for loss or damage to items as a result of an Intrastate move by Bekins Moving Solutions.

**BEKINS MOVING SOLUTIONS / LIVERMORE, CALIFORNIA****INSTRUCTIONS:**

1. Complete ***ALL*** information for prompt handling of your claim.
2. Identify all item(s) and type of damage. Include: Inventory Number(s), Weight of Item(s), Original Cost, Date Acquired and Amount Claimed. Failure to provide all information may delay the claim process.
3. For lost items list contents of containers and include evidence of ownership.
4. Include copies of your Order for Service, Bill of Lading and Inventories.
5. Sign, date and return to address above.

**DO NOT DISCARD DAMAGED ITEMS OR CRUSHED CARTONS/BOXES. DO NOT PROCEED WITH ANY REPAIRS OR REPLACEMENTS UNTIL THE ADJUSTER MAKES THE NECESSARY DETERMINATION.**

Claimant Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Loading Date: \_\_\_\_\_ Cartons Packed by: \_\_\_\_\_  
Delivery Date: \_\_\_\_\_ Unpacked by: \_\_\_\_\_  
Storage Date (If stored) and Storage Location: \_\_\_\_\_

**COVERAGE SELECTED:**☐ \$.60 POUND ☐ ALL ITS WORTH: AMOUNT \_\_\_\_\_ DEDUCTIBLE AMOUNT \_\_\_\_\_

INVENTORY NUMBER	DESCRIPTION OF ITEM	DESCRIPTION OF DAMAGE	DID BEKINS PACK THIS ITEM?	WEIGHT	COST	DATE OF PURCHASE	AMOUNT CLAIMED
<b>TOTAL</b>							

By making this claim, the undersigned hereby warrants that he/she is authorized to submit this claim on behalf of the shipper/consignee, and hereby consents to the disclosure of the information provided herein and all other information about the claim to the National Household Goods Claim Registry ("NHGCR") and to any participating members of the NHGCR.

**INFORMATION CONTAINED IN THIS CLAIM IS TRUE AND ACCURATE AND CONSTITUTES MY ENTIRE CLAIM FOR LOSS OR DAMAGE.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RETAIN ONE COPY FOR YOUR RECORDS

1/1/2018