BEKINS MOVING SOLUTIONS

717 E. Venice Avenue Venice, FL 34285 Phone: 941-584-9070 Fax: 866-953-4569

STATEMENT OF CLAIM

BILL OF LADING

CLAIM MUST BE FILED WITHIN 10 DAYS OF DELIVERY

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 / WOODBRIDGE, VIRGINIA

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 No Street Addr	ame:ess:							
City and State:			Zip Code:					
Home Phone: Wo								
Email Address: Cartons Packed by:								
Delivery Date: Unpacked by:								
Storage Dat	e (If stored) and Storag	ge Location:						
COVERAGE	SELECTED:							
\$.60 PO	\$.60 POUND ALL ITS WORTH: AMOUNT DEDUCTIBLE AMOUNT DEDUCTIBLE AMOUNT							
INVENTORY NUMBER	DESCRIPTION OF ITEM	DESCRIPTION OF DAMAGE	DID BEKINS PACK THIS ITEM?	WEIGHT	COST	DATE OF PURCHASE	AMOUNT CLAIMED	
TOTAL								
consents to the		by warrants that he/she is authorized to provided herein and all other inform						

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: