

# STATEMENT OF CLAIM

Registration Number
○

**CUSTOMER: BEFORE COMPLETING THIS FORM PLEASE READ ATTACHED INSTRUCTIONS.  
IMPORTANT: THIS CLAIM MUST BE RECEIVED WITHIN 9 MONTHS OF THE DELIVERY DATE.**

② Customer Name: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

③ New Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

③A Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different than new address)

④ Old Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

⑤ Home Telephone No. ( ) \_\_\_\_\_ Work telephone No. ( ) \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_ Cell Phone No. ( ) \_\_\_\_\_

⑥ Load Date: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Was shipment in storage?  Yes  No If yes, Facility name and location \_\_\_\_\_

⑦ Valuation Declared  
 **60¢/lb./article**     ECP No Deductible     ECP Deductible  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_

⑧ Did employer pay for move?  Yes  No If yes, name of employer \_\_\_\_\_

USE ONLY	COL. 1 INVENTORY ITEM NO.	COL. 2 DESCRIPTION OF ARTICLE	COL. 3 ENTER "MISSING" OR DAMAGE DESCRIPTION	COL. 4 WGT. OF ARTICLE (LBS.)	COL. 5 FROM WHOM, WHERE AND DATE PURCHASED (INDICATE NEW OR USED)	\$ COL. 6 COST WHEN ORIGINALLY PURCHASED	\$ COL. 7 REPLACE- MENT COST TODAY	\$ COL. 8 AMOUNT CLAIMED (See Note Below)	ALLIED USE ONLY

USE SEPARATE SHEETS FOR ADDITIONAL ITEMS - INCLUDE ALL INFORMATION FROM COLUMNS

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED AS CORRECT

CUSTOMER SIGNATURE	DATE COMPLETED	○ 9 TOTAL CLAIMED \$
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**NOTE: IF THE ITEM IS REPAIRABLE BUT YOU WILL ACCEPT A NOMINAL CASH ALLOWANCE INSTEAD OF REPAIRS, ENTER THE AMOUNT YOU ARE REQUESTING. IF REPAIRS ARE REQUESTED ENTER THE WORD "REPAIR." ARRANGEMENTS MAY BE MADE TO INSPECT THE CLAIMED ITEM.**

Failure to complete all information required may delay the processing of your claim.

Comments: \_\_\_\_\_

Dear Customer:

We thank you for allowing Allied Van Lines to be of service in your recent relocation and regret receiving notice that the handling of your shipment has proven to be less than satisfactory. Our goal is to work with you to promptly and equitably resolve your claim.

- Your claim form is not a release form; it is merely a statement of loss or damage reported. If there are missing items or items requiring immediate attention, you may file a claim for those items now and, if necessary, send us a supplemental claim form within the nine month period. If additional space is needed, please continue on a separate page.
- **To avoid delay, please be certain to sign and date the Statement of Claim form. Please email the completed form to [customerclaims@westernvan.com](mailto:customerclaims@westernvan.com)**
- **Your shipment registration number (found in the upper right corner of your bill of lading) should be included on all attachments to the claim form.**
- **Missing Items:** Notify us immediately at the number shown below. Please be patient while we conduct our investigation which may require two to four weeks.
- **Damaged Items:** Please do not proceed with any repairs, obtain replacements, relocate items, or discard any items as these actions will nullify your claim. You will be contacted by an Allied adjuster regarding the action to be taken toward the settlement of your claim. Your adjuster may enlist the services of an independent, professional furniture restoration service in your area to view the damages claimed. Allied does reserve the right to a visual inspection of all damages claimed. The services that assist us are not owned or operated by Allied Van Lines, Inc., but are selected based upon their craftsmanship and reputation in your area. Upon the completion of these processes, your Allied adjuster will contact you regarding the details of your claim.

We will notify you when your claim form has been received. If you have any questions concerning this process, please do not hesitate to contact us at Western Van and Storage. We look forward to working with you in the resolution of your claim.

**DETAILED INSTRUCTIONS AND INFORMATION ARE PROVIDED ON THE BACK OF THIS PAGE TO ASSIST YOU IN COMPLETING THE STATEMENT OF CLAIM FORM.**



# Important

## INSTRUCTIONS FOR FILING CLAIMS FOR LOSS OR DAMAGE

- I. Before presenting a claim for loss or damage, review the terms and conditions in the last paragraph on the back of the Uniform Household Goods Carrier's Bill of Lading and Freight Bill. ALL CLAIMS FOR LOSS OR DAMAGE MUST BE FILED IN WRITING OR SUBMITTED VIA ALLIED'S ON-LINE CLAIM FORM AND BE RECEIVED BY ALLIED VAN LINES WITHIN NINE MONTHS OF THE ACTUAL DELIVERY DATE OF YOUR SHIPMENT.
- II. In all cases, keep damaged articles including shipping containers for inspection. Arrangements may need to be made to inspect and estimate damage to the articles you have claimed.
- III. To fill out this Statement of Claim Form, you will need your copy of the following items:
- Uniform Household Goods Carrier's Bill of Lading and Freight Bill.
  - Household Goods Descriptive Inventory.

IV. Please complete each section as outlined below:

**Section 1:** Registration number: This can be obtained from the upper right hand corner of the Bill of Lading.

**Section 2:** Customer name: If you are filling out the form but were not the shipper, enter your name first and then the shipper's name.

**Section 3:** Enter your present (mailing) address, city, state, and zip code. This address should be where you can be contacted for information about your claim. If your goods were delivered to a different location, please list the location of the goods also.

**Section 4:** Enter the address, city, state and zip code of the residence you moved from.

**Section 5:** Enter telephone numbers where you can be contacted; include home and business telephone numbers with the extension number, if applicable. If you have a fax machine available, please include your fax number.

**Section 6:** Indicate the date your shipment was loaded and the date your shipment was delivered to you. Indicate if your shipment was in storage with Allied. If yes, please note storage agent and location.

**Section 7:** Please check the declared value of your shipment on your bill of lading or change order. List the type of coverage selected. If you selected the Extra Care Protection Plan (ECP), please list the deductible amount shown.

**Section 8:** Indicate by checking the appropriate box if your freight charges for the shipment have been paid by your employer. If yes, please list the name of your employer.

**Section 9:** Total Claimed: List the sum of the dollar amounts you are claiming in Column 8. If you have inserted the word "repair" among the dollar values claimed, list the sum of the dollar amounts and "plus repairs".

V. For all items that you are claiming, fill in all columns.

**Column 1:** Refer to your inventory sheets and locate the item claimed on the inventory list. If the item was packed in a carton, find the carton it was packed in on the inventory list. The inventory item number is the number in the far left column for the item claimed. List this specific item number that is assigned on the inventory listing.

**Column 2:** Enter your description of the article you are claiming. Include descriptive information such as the brand name, style, model number / serial number, etc. Identify the type of material used such as a glass shelf or wood shelf. Detailed and descriptive information can help to expedite the processing of your claim.

**Column 3:** Place the word "missing" in the box if the item claimed was lost from your shipment or, if damage occurred to the item, describe the nature and extent of damage to the article.

**Column 4:** Enter the estimated weight of the article claimed, if known. For packed items, list the carton size or type of carton in which the item was packed such as a 4.5 cubic foot carton or a dishpack or a small carton.

**Column 5:** Note from whom you purchased the item (name of store or party) along with where you purchase it, including city and state. List the year of purchase of the item or, if it was a gift, give the year you received it. Specify if the item was new or used when you obtained it.

**Column 6:** Enter the original purchase price of the item claimed. Give your best estimate of the cost if you do not specifically recall the price when purchased. If purchase receipts are available, submit them in support of your dollar figure.

**Column 7:** Enter the cost of replacing the item today, allowing for current prices. Price the same item or a similar item to obtain replacement cost.

**Column 8:** Enter the dollar amount you are claiming for the item. This dollar amount should allow for the physical condition and depreciation on the item claimed.

*NOTE: If the item is repairable but you will accept a nominal cash allowance instead of repairs, enter the amount you are requesting. If repairs are preferred, enter the word "repair". Arrangements may be made to inspect the claimed item.*

However, you must enter a dollar amount claimed and/or the word "repair" for every item claimed.

### IMPORTANT

Enter your signature in the appropriate place at the bottom of the claim form and include the date on which you completed filling out the form. Keep the customer copy of the claim form for your records.

COL. 1 INVENTORY ITEM NO.	COL. 2 DESCRIPTION OF ARTICLE	COL. 3 ENTER "MISSING" OR DAMAGE DESCRIPTION	COL. 4 WGT. OF ARTICLE (LBS.)	COL. 5 FROM WHOM, WHERE AND DATE PURCHASED (INDICATE NEW OR USED)	\$ COL. 6 COST WHEN ORIGINALLY PURCHASED	\$ COL. 7 REPLACE- MENT COST TODAY	\$ COL. 8 AMOUNT CLAIMED (See Note Below)
21	oak nightstand Acme Furniture "contempo" style	top scratched	40	ACME Furniture Chicago, IL / 1985-New	150	175	\$35 or repair
95	10 speed bike Winston brand road racer model	frame bent	40	Bill's Cycle Shop Chicago, IL / 1980-Used	50	75	40
17	dining room table natural walnut Yorktown brand	leg broken	110	Martin's Furniture Chicago, IL / 1982-New	200	300	repair
35	coffee mug (dishpack carton)	handle broken	dish pack	Gift Emporium Chicago, IL / 1995-New	8	8	8