



All claims submitted are subject to the terms and conditions on moving contract and subject to the valuation of the goods as declared on the value declaration form
 Note: All moving charges must be paid in full before this claim can be considered

STATEMENT OF CLAIM

Customer Name				Claim Date	
Present Address					
City / Province		Postal Code		Phone	
Pickup Date		Delivery Date			
Picked up From		Delivered To			

Instructions to customers:

- Details of claim **must** be complete or form will be returned. All claims should be submitted in 10 days of delivery.
- Type information or print using ballpoint. Please use separate sheets if extra space is required.
- If DAMAGE claim, do **not** proceed with repairs or replacement as we reserve right to inspect all items
- If LOSS claim, describe item in detail, color, identifying features where and when last seen. Attach original sales slips, appraisals where possible.

Details of Claim: This claim represents all loss or damage incurred while shipment identified was in the care and control of Capital Moving. We reserve the right to require notarized statement or affidavit.

	Inventory Number	Article	Description of Damage /	Estimated Weight	Purchase Date	Purchase Price	Estimated Repair Cost	Amount Claimed
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
							Total Claim \$	

The undersigned attest that the statements above and the documents attached are true and correct and constitute the complete and entire claim. It is further agreed that this form does not constitute an admission of responsibility by the carrier but is merely assistance in presenting the claim for consideration. Upon completion of repairs, replacement and/or cash settlement of any items named above accepted as liability by the carrier. The undersigned hereby releases and forever discharges Capital Moving Inc. and the carrier from any further claim under the above contract.

Customers Signature: _____