



Loss or Damage Claim Form

Invoice / Order # _____
Customer Name _____ Home Phone _____
Other Phone _____ Fax _____
Mail Address _____
Email _____
Date of Pick Up _____ Date of Delivery _____
Moved From _____
Moved To _____

What kind of insurance purchased _____
If yes, how much did you pay _____
Were these items protected under other policy or coverage _____ If yes, with whom _____
Packed By _____ Unpacked By _____ Was inspection performed _____
Was the loss/damage noted at time of delivery on the invoice _____
When was loss or damage discovered _____

Table with 7 columns: Item#, Item Description, Nature of loss or damage, Item Age, Approx. Weight, Original Value, Current Value. Multiple empty rows for data entry.

No material fact is withheld. Anything should be included in this report. This also is to certify that I/We have not received any compensation for claimed short/missing, from any source, up to date. Should I/We receive any compensation, I/We will promptly notify Best Choice Moving & Storage and delete the items from the claim, or if claim has been paid, I/We will return the monies paid. All claims should be submitted to Best Choice Moving & Storage within seven days after delivery.

Signature of Claimant _____ Date _____

Please attach pictures, copies of inventory condition form, receipt, invoice, order paper, statements, or appraisals, etc.

Tel: 1-778-858-8126 Toll Free: 1-866-MOVE-853 Fax: 778-737-8126

E-Mail: sales@BestChoiceMoving.com Web Site: www.BestChoiceMoving.com