



Best Choice Moving & Storage



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 _____

Item#	Item Description	Nature of loss or damage	Item Age	Approx. Weight	Original Value	Current Value

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.