

1ST CLASS
Moving Storage

MAIL COMPLETED FORM TO:
7393 Washington Blvd., Suite 107
Elkridge, MD 21075

CLAIM FORM
(See Back for Instructions)

Job No.: _____

Name of Claimant:	Home Tel.:		Work Tel.:	
New Address:	City:	State:	Zip Code:	Delivery Date:
Old Address:	City:	State:	Zip Code:	Pick-Up Date:

Was Your Shipment Stored?
(Please Circle One)

YES NO

INVENTORY NUMBER	ARTICLE WEIGHT	ARTICLE DESCRIPTION	DESCRIPTION OF OR DAMAGE <i>(Please be specific)</i>	DATE ACQUIRED	ORIGINAL COST	CURRENT VALUE	AMOUNT CLAIMED

REMARKS: _____

The undersigned Claimant hereby makes a solemn statement under oath that all information submitted and all documents attached, if any, are true and complete to the best of his/her knowledge. In connection with the job# referenced above, this is the only claim that will be filed.

Signature of Claimant Please Print Name Date

OFFICE USE ONLY →	CLAIM NO.: _____	DATE CLAIM RECEIVED: _____
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CLAIM INSTRUCTIONS

We would like to take this opportunity to thank you for using our services. We are sorry that you have to file a claim. 1ST CLASS attempts to settle all claims fairly and expeditiously. Upon receipt of your claim, a claim file will be opened, your claim will be assigned a claim number and an acknowledgment letter will be mailed to you within 30 days from the date we received your claim. We appreciate your assistance in settling your claim by completely filling out this claim form. Please use the following instructions to help you complete this form:

GENERAL INSTRUCTIONS:

1. Please retain all damaged articles and shipping boxes as they might be needed for inspection until your claim is fully settled.
2. Claims must be received in writing by 1ST CLASS within the following periods **from the date of delivery**: 30 days for all Local moves (within the State of Maryland) and 9 months for all Interstate moves.
3. All charges related to this move, or any other services provided by 1st Class, must be paid in full prior to filing a claim.
4. Claim must be filed and signed by the *Shipper* or *Consignee* named on the Original *Bill of Lading*.
5. All claims for damages must be accompanied by three (3) repair estimates AND photos clearly showing the alleged damage.

HELPFUL HINTS:

1. Please fill out the top part of the CLAIM FORM completely especially your mailing address.
2. Complete all columns for all articles claimed:
 - A. Provide the item number from the “*Household Goods Descriptive Inventory*”. If your shipment did not require an inventory, please number items on your CLAIM FORM starting from number 1 and on.
 - B. Provide the weight, or estimated weight, of the article described. If unknown, please use your best judgment to provide an estimate.
 - C. Describe the article you are claiming by being as specific as possible (e.g. 19” Sony TV, SCX-Model 1923....)
 - D. Describe the damage and location of the damage to the article (e.g. 2” scratch on top right corner....)
 - E. State the date, or approximate date, article was acquired or purchased. Please also send a copy of the purchase receipt along with this form.
 - F. Original amount paid for the article. Please list in US dollars.
 - G. Value of article at time of loss or damage.
 - H. This column is the most important information on the CLAIM FORM. Please do not leave this column blank as this may delay the processing of your claim. If damaged article is repairable, please provide the amount needed or estimated to repair the article. Your CLAIM FORM is not complete and it does not meet Federal Requirements of filing a claim if this column is left blank.

A INVENTORY NUMBER	B ARTICLE WEIGHT	C ARTICLE DESCRIPTION	D DECIPTION OF LOSS...	E DATE ACQUIRED	F ORIGINAL COST	G CURRENT VALUE	H AMOUNT CLAIMED
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3. CLAIM FORM must be signed and dated. Failure to do so will result in form being returned to you for signature.
4. Do not have any items repaired or replaced unless we have authorized it or your claim has been settled or finalized.
5. Be sure all unpacking has been done and all cartons have been opened and checked prior to filing a claim.
6. Return completed form and any attachments to: **1st Class Moving Storage, 7393 Washington Blvd., Suite 107, Elkridge, MD 21075**