

## CLAIM FILING PROCEDURES TO FACILITATES THE CLAIM PROCESSING

Dear Customer:

In response to your inquiry about filing a claim. Please complete the Presentation of Loss form and return the top copy to the moving company you have contracted for the move. Keep the second copy for your records.

By carefully following the claim procedures, you can assist in the timely settlement of your claim. Upon its receipt, your completed form will receive immediate attention.

1. Please keep in your possession any articles that are being claimed in your loss for inspection of said property if needed. If the damaged items were placed in a container, please try to keep the container, leaving the items in the container for inspection.
2. Identify the articles claimed by inventory number if possible.  
List the articles and describe the damage.  
Complete the columns labeled Estimated Weight; Original Cost; and Date Acquired, to the best of your ability. It is not necessary to complete the Amount Claimed column or obtain estimates. An assigned inspector will assist you; we will inform you if this is not possible
3. If you are missing a container, try to itemize the contents and give all information regarding the weight, date and original purchase cost for each item individually, if possible.
4. If your claim includes missing or possible irreparable articles worth \$400 or more, please provide a full bill of sale, canceled check, or evidence of a similar nature to verify the value of the item.
5. You need not submit an appraisal to support your claim. We will assign an appraiser, if necessary and inform you if we need your help.
6. Please send a copy of your Bill of Lading with your claim form or keep copies of it and the inventory so the inspector can see them if necessary. The availability of the shipping documents is essential in setting your claim in a timely manner.
7. In order to provide the best possible service and process your claim in a timely and efficient manner, please submit your claim as soon as possible. Your claim must be submitted within 90 days after delivery of your household goods to be considered.
8. Please attach additional sheets if your need more space than this form allows



2535B E. State Hwy 121, Suite 140 Lewisville, TX 75056  
 Phone (972) 412-6033 Fax (214) 705-1810  
 Email: [claims@firehousemovers.com](mailto:claims@firehousemovers.com)  
 Website: [www.firehousemovers.com](http://www.firehousemovers.com)

**PRESENTATION OF LOSS AND DAMAGE DETAILS OF CLAIM**

**Appropriate Box Must Be Checked:**

- I have liability (included in my rate) released at \$0.60 per lb
- I have liability (included in my rate) released at \$0.30 per lb
- I purchased valuation/replacement cash value of \$ \_\_\_\_\_ Deductible amount \$ \_\_\_\_\_

\*You must provide documentation verifying valuation of goods

**MOVING COMPANY** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

Order No:	Date Loaded	Date Delivered	From (city, St.)	To (city, St.)
-----------	-------------	----------------	------------------	----------------

**CLAIMANT** \_\_\_\_\_ **PHONE NO:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

\_\_\_\_\_ **FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Inventory No:	Article	Description of Damage	Estimated Weight	Original Cost	Date Acquired	Amount Claimed	Estimated Cost of Repair	Home Office use only

<b>Cartons packed by:</b>	<b>Unpacked by:</b>
<b>Stored at:</b>	<b>Dates of storage:</b>
<b>Any external damage to container?</b>	<b>When was damage discovered? By whom?</b>

- NOTE:**
- NO CLAIM SETTLEMENT CAN BE MADE UNTIL FREIGHT BILLS HAVE BEEN PAID
  - REPAIR ESTIMATES OR ORIGINAL PURCHASE INVOICES MAY BE ATTACHED TO EXPEDITE SETTLEMENT
  - INSURANCE COMPANY MAY WISH TO INSPECT DAMAGES. DAMAGE THAT CANNOT BE VERIFIED MAY NOT BE COVERED

I/we are the owner(s) of the property described above and did not cause or contribute to damages. I/we hereby certify that the above information is true and accurate to the best of my/our knowledge and belief. No material information has been withheld.

\_\_\_\_\_  
SIGNATURE OF CLAIMANT

\_\_\_\_\_  
DATE