



# STATEMENT OF CLAIMS

PO BOX 570, MOORESTOWN, NJ 08057    voice 856.727.1060    fax 856.235.2798

Customer Name:	Home Phone:
Address:	Cell Phone:
City:                      State:                      Zip:	Work Phone:

Inventory Number	Article	Description of Damage or Loss	Estimated Weight	Date Purchased	Original Cost	Replacement Cost	Repair Cost

I am the owner of the property described. I did not cause or contribute to the damage set forth herein. All statements made in this statement of claim and any attached documents are to the best of my knowledge true and correct and constitute my entire claim.

<b>TOTAL AMOUNT CLAIMED</b>	
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Signature of Claimant: \_\_\_\_\_

Date: \_\_\_\_\_

## **Instructions for the Statement of Claims**

After filling in the necessary personal information, such as, name, new address, and appropriate telephone numbers, fill in the remaining required information:

1. Inventory Number – You'll find this number on the tag or sticker that the driver put on the piece of furniture or box during the inventory process.
2. Article – Please give a complete and accurate description of the item damaged or presumed missing.
3. Description of Damage or Loss – Give a complete description of the extent of the damage to the item. Tell us the location on the item of the damage, as well.
4. Estimated Weight – The approximate weight of the item or carton you are claiming as missing or damaged.
5. Age or Date Purchased – Either give us the approximate age of the item or purchase date of the item. If the item is a family heirloom, list the inheritor, if known.
6. Original Cost – Please provide the approximate amount you paid for the item.
7. Replacement Cost – Enter today's cost of replacing the item of like kind and quality.
8. Repair Cost (Amount Claimed) – Enter the amount you are requesting for full settlement or list the repairs required.

Additional instructions:

Please include any documentation signed by you, the shipper, and a representative of our company, of any loss and/or damages noted at the time of your move.

Include any receipts or other information you may think relevant.

Retain a copy of all paperwork for your records.

Please be sure that all unpacking and the inspection of your items is complete before sending in your claims form, since once your claims form has been submitted, nothing else may be added.

Upon receipt of the completed and signed form, the necessary investigation of your claim will begin. Transtar Moving Systems may require an inspection of any damaged article, therefore, do not dispose of or repair any item until you receive instructions from this office.

All charges for services rendered by Transtar Moving Systems must be paid in full before any claim can be settled.

Please remember to sign and date the form before mailing.