

Integrated Moving Systems
5601 Lafayette Place
Hyattsville, MD 20781



Phone: 1(866)201-4144
Fax: (240)842-0044
Website: IntegratedMoving.com

CLAIM FORM

Customer Name _____ Phone _____
Customer Address _____
Origin Address _____
Value of Entire Shipment _____ Released value shown of bill of lading _____
Was the shipment in storage either at origin or destination? Yes ___ No ___
If yes, name and address of firm _____
Was the loss or damage discovered during delivery? Yes ___ No ___ If no when was it discovered? _____
If damage or loss were packed items, complete the following:
Who Packed? _____ Who unpacked? _____
Were the packing containers damaged? _____
Have you moved in the past 5 years? Yes ___ No ___
If yes, give the name of the company _____

PLEASE FILL THE DETAILS OF THE CLAIM ON THE REVERSE OF THIS PAGE.

Documents needed to support claim:

1. Copy of paid freight bill or bill of lading
2. Repairman's estimate of cost of repair (Two of them)
3. Appraisal of unbreakable items (Estimates and appraisals should include the name, address and phone number of the repairman or appraiser)

Repair Estimates: It is the responsibility of the claimant to support the claim with estimates. Some repairmen do charge a fee for estimates. However, most repairmen will deduct the cost of the estimate from their bill when the repair work has been performed. If we are not satisfied with your estimate, we reserve the right to send another estimator Out at our expense

Appliances: If you have a refrigerator, W, stereo, washer or other appliances that does not work and there was no eternal damage, the carrier is probably not liable. Failure due to normal vibration or something unrelated to the move is not the responsibility of the carrier.

Missing Item: If you are missing an item, report it immediately.

Details of claim: Use the item number shown on the inventory. If an item is missing, give full description indicating color, size, and brand name. Indicate the type, severity and location of damages. Enter the cost of a new Item on today's market or the repair cost. If repairable, indicate the cost of repairs. If lost or destroyed indicate the depreciated value.

As a condition precedent to recovery, a claim for any loss or damage or injury must be filled in writing with the carrier within nine months after delivery and suit must be instituted against carrier within two years and one day from the date when notice in writing is given by the carrier to the claimant that carrier has disallowed the claim or any part or parts thereof specified in the notice. Where claim is not filed or suit is not instituted thereon in accordance with the foregoing provisions carrier shall not be liable and such a claim will not be paid.

I ATTEST TO THE TRUTH OF THE STATEMENT CONTAINED HEREIN AND THE EXHIBITS ATTACH HERETO. NO MATERIAL FACT IS WITHHELD THAT SHOULD BE INCLUDED IN THIS REPORT. THIS CONSTITUTES MY COMPLETE AND ENTIRE CLAIM.

TOTAL CLAIM: _____ DATE _____

CUSTOMER SIGNATURE: _____

State _____
County _____

County of _____
Sworn to before _____
This Day of: _____

(Seal) _____
(Notary)

This form must be notarized if amount claimed exceeds \$300.00

