



Claims Form Instructions

The following suggestions will assist you in the proper completion of the CLAIM FORM, which is required by the Department of Transportation. Your careful attention will expedite the processing of your claim.

Inventory Number:

Please indicate the corresponding item number from the inventory sheets given to you at the time of your move. It is extremely important that this be supplied.

Article & Condition Per Inventory:

Please describe each item by color, size, pattern, manufacturer and/or brand name etc. On a furniture item, please provide the room it came from; living room chair, master bedroom dresser, etc. List how each item is listed on your inventory.

Description of Claim:

Indicate the type, severity, and location of damage on each item. Please be as explicit and precise as possible.

Date of purchase:

As accurately as possible, please provide the month and year that the item was purchased new. If not purchased new, please provide its estimated age.

Approximate Weight:

Provide your best estimate of the actual weight of the item.

Estimated Value:

Please provide your best estimate of the cost to replace the item with one of like kind and quality at today's prices. For those items you feel can be repaired for less than replacement cost, merely write "REPAIR" in this column.

Remarks:

Any comments regarding the cause of your claim or information about the driver handling your household goods will expedite claim processing.

Merchants Moving is entitled to inspect all items within a reasonable time. Please do not repair, replace, or dispose of any item without authorization from Merchants Moving. Should you need further assistance, please contact our office.

Merchants

P.O. BOX 728 • RACINE, WI 53401
(262) 631-5680 • (800) 247-3009 • FAX (262) 632-5127 CC CERT. NO MC 108404

CLAIMS FORM

CUSTOMER NAME

ACCOUNT

BOL/CLAIM NO. _____

PICKUP DATE / /

DELIVERY DATE / /

DESTINATION ADDRESS

CITY

STATE

ZIP

HOME PHONE ()

ORIGIN ADDRESS

CITY

STATE

ZIP

BUSINESS PHONE ()

Estimates for repair or replacement of irreparable items will be required. Please be as specific as possible and list model number and manufacturer, where applicable.

Proof of original purchase for items of exceptional value may be required.

FOR OFFICE USE ONLY			
DISBURSEMENT		REIMBURSEMENT	
CASH	REPAIRS	EXCESS	FOREIGN WHSE

INVENTORY NUMBER	ARTICLES & CONDITION PER INVENTORY	DESCRIPTION OF CLAIM	APPROX. WEIGHT	DATE OF PURCHASE	ESTIMATED VALUE	FOR OFFICE USE ONLY			
						CASH	REPAIRS	EXCESS	FOREIGN WHSE

REMARKS	SUB TOTALS			
	TOTALS			

I am the owner of the property and did not cause or contribute to the damage set forth herein. All statements made in this claim and any documents attached are true and correct to the best of my knowledge and belief and constitute my complete and entire claim. No material information has been withheld.

CUSTOMER SIGNATURE _____

DATE _____