UNITED Van Lines

RETURN TO:

PAULK'S MOVING & STORAGE
6131 RIVER ROAD
NEW ORLEANS, LA 70123

Claim Form

See reverse side for instructions

ORDER FOR SERVICE NUMBER:

Customer Name	Home Telephone	Office Telephone
New Address / City / State / Zip	Delivery Date / /	
Old Address / City / State / Zip	Pick-up Date / /	

WAS SHIPMENT IN WAREHOUSE? YES ☐ NO ☐

DID EMPLOYER PAY FOR MOVE? NO ☐ YES ☐ EMPLOYED BY _____

WHAT WAS DECLARED VALUE PROTECTION? 60¢/LB. ☐ $1.25/LB. ☐ LUMP SUM $ ☐ FULL VALUE PROTECTION ☐

1	2	3		4	5	6	HOME OFFICE USE ONLY		
Inventory number	Article weight	Article description	Description of loss / damage	Date of purchase/ Age of item	Cost to replace	Amount claimed	Carton damaged? Yes or No	C/S $ or R=repair	Expl.	Resp. party
38	*40 LBS.*	*END TABLE*	*SCRATCHED TOP* *EXAMPLE*	*4 YRS*	*$275.00*	*$50.00*	*N/A*			

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 TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND CONSTITUTE MY COMPLETE AND ENTIRE CLAIM. NO MATERIAL INFORMATION HAS BEEN WITHHELD.

STATE DOT REGULATIONS REQUIRE THAT ANY CLAIM FOR LOSS, DAMAGE, OR DELAY MUST BE SUBMITTED IN WRITING BY CLAIMANT AND RECEIVED BY CARRIER WITHIN 90 (NINETY) DAYS FROM DATE OF DELIVERY.

REMARKS

SIGNATURE OF CLAIMANT X_____ **DATE:** __/__/__