MOVER'S CHOICE

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AIG

PRESENTATION OF LOSS AND DAMAGE

DETAILS OF CLAIM

Order no.:	Date loaded	Date delivered	From (city, St.)	To (city, St.)

CLAIMANT _____ **PHONE NO:** _____

ADDRESS _____ **WORK PHONE:** _____

_____ **FAX:** _____

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

The insurance I/We purchased on our goods were (Please check one):

❒ REPLACEMENT COST PROTECTION OF $_____ Deductible amount $_____

❒ ACTUAL CASH VALUE OF $ _____ RELEASED @ .60 PER LB

*You must provide documentation verifying valuation of goods

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

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