

BEKINS A1 MOVERS INC.
30 W. 196 Calumet Avenue
Warrenville, IL 60555
Phone: 877-682-3050
Fax: (630) 369-0691

GBL NUMBER

STATEMENT OF CLAIM

Please use this form to register a claim for loss or damage to items as a result of a move by Bekins A1 Movers, Military.

INSTRUCTIONS:

1. Complete **ALL** information for prompt handling of your claim.
2. Identify all item(s) and type of damage. Include: Inventory Number(s), Weight of Item(s), Original Cost, Date Acquired and Amount Claimed. Failure to provide all information may delay the claim process or result in denial of your claim.
3. For lost items list contents of containers and include evidence of ownership and value.
4. Include copies of your Order for Service, Government Bill of Lading, 1840/1840R and Inventories.
5. Sign and date and return to address above.

"DO NOT DISCARD DAMAGED ITEMS OR CRUSHED CARTONS/BOXES. DO NOT PROCEED WITH ANY REPAIRS OR REPLACEMENTS UNTIL YOUR ADJUSTER MAKES THE NECESSARY DETERMINATION."

Claimant Name: _____
 Street Address: _____
 City and State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Email Address: _____
 Loading Date: _____ Delivery Date: _____
 Storage Dates (If stored) and Storage Location: _____

INVENTORY NUMBER	DESCRIPTION OF ITEM (be precise)	DESCRIPTION OF DAMAGE (be precise)	Packed by Carrier?	WEIGHT	COST	DATE OF PURCHASE	AMOUNT CLAIMED

TOTAL AMOUNT CLAIMED _____

By making this claim, the undersigned hereby warrants that he/she is authorized to submit this claim on behalf of the shipper/consignee.

INFORMATION CONTAINED IN THIS CLAIM IS TRUE AND ACCURATE AND CONSTITUTES MY ENTIRE CLAIM FOR LOSS OR DAMAGE.

SIGNATURE: _____ DATE: _____

RETAIN ONE COPY FOR YOUR RECORDS