# DAMAGE CLAIM FORM

**Customer Name: _____** **Customer Email: _____**

**Date of Move**: **_____** **Date of Claim: _____**

| Damaged Item | Description of Damage | Weight of Item (lbs) | Claim Approved? (To be completed by claims department) |
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BY SIGNING THIS FORM, YOU ARE AGREEING THAT THESE ITEMS WERE DAMAGED DURING THE COURSE OF YOUR MOVE AND HAVE COMPLETED THIS CLAIM FORM IN IT'S ENTIRETY. PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY. ALL CLAIMS MUST BE SUBMITED WITHIN 30 DAYS OF YOUR MOVE. IF NO MOVING VALUATION HAS BEEN PURCHASED PRIOR TO YOUR MOVE, ALL APPROVED CLAIMS WILL BE SETTLED AT A RATE OF .60¢ PER POUND IN ACCORDANCE WITH FEDERAL AND STATE LAW, UNLESS OTHER NEGOTIATIONS HAVE BEEN MADE.

**Moving America Representative:** _____ Date Signed: _____

**Customer Signature:** _____ Date Signed: _____