

DAMAGE CLAIM FORM

Customer Name: _____

Customer Address: _____

Date of Move: _____

Date of Claim: _____

Damaged Item	Description of Damage	Weight of Item (lbs)	Claim Approved? (To be completed by claims department)

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 SUBMITTED 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 LAW, UNLESS OTHER NEGOTIATIONS HAVE BEEN MADE.

Moving America Representative: _____

Date Signed: _____

Customer Signature: _____

Date Signed: _____

Moving America is registered with the State of Florida as a Mover or Moving Broker. Registration No. IM 2754. Available for Contact 24/7 Phone: 386-344-7931 Mail: 188 SW Ace Ln, Lake City, FL, 32025

386-344-7931

Moving America

Insured. Bonded.

Moving America is registered with the State of Florida as a Mover or Moving Broker. Registration No. IM 2754. Available for Contact 24/7 Phone: 386-344-7931 Mail: 188 SW Ace Ln, Lake City, FL, 32025