



Statement of Claim

3410 Rockefeller Court
 Waldorf, MD 20602

Phone: (301) 870-5050 Fax: (301) 870-5051

Customer Name:			Home Phone:
Address:			Cell Phone:
City:	State:	Zip Code:	Work Phone:

Inventory Number	Article	Description of Damage or Loss	Estimated Weight	Date Purchased	Original Cost	Replacement Cost	Repair Cost

I am the owner of the property described. I did not cause or contribute to the damage set forth herein. All statements made on the statement of claim and any attached documents are to the best of my knowledge true and correct and constitute my entire claim.

Total Amount Claimed:	
-----------------------	--

Signature of Claimant: _____ Date: _____

Instructions for the Statement of Claims

****Claims submitted beyond 30 days for local moves or 270 days for interstate moves from the date of delivery are subject to denial.****

After completing the necessary personal information (name, new address, and appropriate telephone numbers), complete the remaining required information:

1. Inventory Number - Number on the tag or sticker that identifies the piece of furniture or box. This tag was placed on the furniture prior to loading. If the sticker is no longer attached, please write "none."
2. Article - A complete and accurate description of the item damaged or presumed missing.
3. Description of damage or loss - A complete description of the extent of the damage to the item. Indicate the location of the damage on the item.
4. Estimated Weight - The approximate weight of the item or carton claimed as missing or damaged.
5. Age or Date Purchased - Give either, the approximate age of the item or the purchase date of the item, if known.
6. Original Cost - Provide the approximate amount paid for the item.
7. Replacement Cost - Today's cost of replacing the item with like kind or quality.
8. Repair Cost (Amount Claimed) - The amount you request for settlement based on repair estimates or documented parts costs.

Additional Instructions:

***Shipments delivered into self-storage units are not subject to a claim unless damage/missing items are noted at the time of delivery.**

***Services for "labor only" (loading/unloading rental trucks or storage units) are not covered and not subject to a claim.**

***Please include any documentation signed by you, the shipper, and a representative of our company, of any loss and/or damages noted at the time of your move.**

***Include any receipts or other information that could be relevant to the claim (i/e: photos, repair estimates, etc.)**

***Retain a copy of all paperwork for your records.**

***Please be sure that all unpacking and the inspection of your items is complete before sending in your claims form, once your claims form has been submitted, items may not be added.**

***Upon receipt of the completed and signed form, the necessary investigation of your claim will begin. Quality Transfer may require an inspection of any damaged article, therefore, do not dispose of or repair any item until you receive instruction from this office.**

***All charges for services rendered by Quality Transfer or Worldwide Moving must be paid in full before any claim can be settled.**

Please remember to sign and date the form before sending.

Send all documentation to lisa@movingworldwide.com.

Lisa Neiser
Worldwide Moving Systems
3410 Rockefeller Ct.
Waldorf MD, 20602