STATEMENT OF CLAIM

Claim No. _____
Contract No. _____

All claims submitted are subject to the terms and conditions on the bill of lading, (reprinted on the customer's copy of the Statement of Claim), and subject to the valuation of the goods as declared on the face of the bill of lading.

CLAIMANT'S NAME _____ EMPLOYER _____

STREET ADDRESS _____ STREET ADDRESS_____

_____ CITY AND PROVINCE _____

CITY AND PROVINCE _____ TRAFFIC MANAGER _____

TELEPHONE _____ TELEPHONE _____

DATE MOVED	DATE DELIVERED	FROM (CITY, PROVINCE)	TO (CITY, PROVINCE)	VALUE DELCARED ON B/L OR FREIGHT BILL

DETAILS OF CLAIM

Please give full particulars to the best of your knowledge. In describing articles give as much information as possible, such as: colour, finish, kind of material, pattern, design, model number, serial number, trade name, manufacturer's name, etc. If purchase invoices are available, submit in support of valuation.

FOR YOUR INFORMATION HOUSEHOLD GOODS GENERALLY DEPRECIATE BETWEEN 10% & 15% PER YEAR.

WE RESERVE THE RIGHT TO REQUIRE NOTARIZED STATEMENT OR AFFIDAVIT.

In order to process this claim, all columns listed below must be completed in FULL DETAIL. This claim represents all loss or damage incurred while shipment identified above was in the care and control of

INV NO.	ARTICLE	DESCRIPTION OF DAMAGE	ESTIMATED WEIGHT	DATE ACQUIRED	ORIGINAL COST	AMOUNT CLAIMED	HOME OFFICE USE
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
						$0.00	
					TOTAL	*$0.00*	

The undersigned attests that the statements above and the documents attached are true and correct and constitute the complete and entire claim. It is further agreed that this form does not constitute an admission of responsibility by the carrier, but is merely an assistance in presenting the claim for consideration. Upon completion of repairs, replacement and/or cash settlement of any items named above accepted as liability by the carrier, the undersigned hereby releases and forever discharges and the carrier from any further claim under the above contract.

CLAIMANT'S SIGNATURE **DATE**

TO BE COMPLETED BY DESTINATION AGENT

	CODE
DESTINATION AGENT_____	_____
BOOKER _____	_____
PACKER _____	_____
HAULER 1 _____	_____
HAULER 2 _____	_____
_____	_____
S.I.T. WHSE _____	_____
UNPACKER	

IMPORTANT: STATE ACTION TAKEN

---------- ---------- INSTRUCTION REQUESTED ----------

NOTE: BILL OF LADING CHARGES MUST BE PAID IN FULL BEFORE THIS CLAIM CAN BE CONSIDERED.

Fill out, Print and Fax this Claim to Comox Moving & Storage (250) 339-2212