GENERAL LIABILITY CLAIM FORM

Insured/Moving Company:	
Reported by:	
Date Reported:	
Date of Loss:	

Name of Claimant:	
Address:	
Phone Number:	

DETAILS OF LOSS

☐ Bodily Injury ☐ Property Damage	
☐ Bodily Injury ☐ Property Damage	

All information made in this statement of claim and any attached documents are true and correct to the best of my knowledge and belief.

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Signature Date Email Address