



## HOUSEHOLD GOODS CARGO CLAIM FORM

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

Name of Claimant (Shipper):	
Address:	
Phone Number:	

Per your Bill of Lading, your shipment was released at which of the following:

- \$0.60 per pound per article  
 Other: \$ \_\_\_\_\_ specific value

### DETAILS OF LOSS

Article Damaged	Description of Damage	Amount Claimed

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

Signature

Date

Email Address