

SAFEWAY VAN LINES, INC.

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CLAIM FILING INFORMATION

- 1) PLEASE COMPLETE FORM IN PEN. PRINT ALL INFORMATION CLEARLY AND LEGIBLY. FORM MAY BE CLEARLY HANDWRITTEN OR TYPED.
- 2) PLEASE COMPLETE ALL BLANKS OR INDICATE "NOT APPLICABLE".
- 3) IN SECTION 2 PLEASE INDICATE THE FOLLOWING:
 - A) INVENTORY NUMBER - THIS IS FOR LONG DISTANCE OR STORAGE MOVES OR ANY JOB WHERE AN INVENTORY LIST WAS PREPARED BY THE MOVERS. YOU MUST PROVIDE THE CORRESPONDING INVENTORY NUMBER FOR EACH ITEM CLAIMED. THIS NUMBER MAY BE FOUND ON YOUR DESCRIPTIVE HOUSEHOLD GOODS INVENTORY LIST TO THE LEFT OF EACH ITEM.
 - B) ITEM - INDICATE COLOR MATERIAL, AND TYPE OF EACH ITEM (EX. "BLACK LEATHER SOFA" OR "WHITE FORMICA DRESSER"). FOR ELECTRONIC ITEMS OR APPLIANCES, YOU MUST PROVIDE THE MANUFACTURER'S NAME, MODEL NUMBER AND SERIAL NUMBER.
 - C) DESCRIPTION OF DAMAGE OR LOSS - FOR MISSING OR LOST ITEMS. INDICATE "MISSING". FOR DAMAGED ITEMS, DESCRIBE DAMAGE CLEARLY (EX. "WALL UNIT CHIPPED ON FRONT OF LEFT DOOR AND HANDLE MISSING").
 - D) ITEM PACKED BY - INDICATE "CP" IF ITEM WAS PACKED OR WRAPPED BY MOVERS. INDICATE "PBO" IF ITEM WAS WRAPPED OR PACKED BY YOU. IF ITEM WAS NOT WRAPPED, INDICATE THIS AND AT WHOSE REQUEST THIS WAS DONE IN SECTION 3.
 - E) WEIGHT OF ITEM - YOU MUST PROVIDE THE APPROXIMATE WEIGHT OF EACH ITEM CLAIMED. FOR CUSTOMERS WHO HAVE COVERAGE BY WEIGHT (\$0.30/LB OR \$0.60/LB), YOUR CLAIM CANNOT BE REVIEWED OR SETTLED WITHOUT THIS INFORMATION.
 - F) ORIGINAL PURCHASE DATE/COST - YOU MUST PROVIDE THE ORIGINAL DATE OF PURCHASE (MONTH & YEAR) AND ORIGINAL PURCHASE COST EACH ITEM CLAIMED. PLEASE COMPLETE THIS EVEN IF YOU HAVE BEEN ASKED TO INCLUDE COPIES OF THE PURCHASE RECEIPTS.
 - G) AMOUNT CLAIMED - THIS IS THE AMOUNT YOU ARE CLAIMING FOR EACH ITEM IN ACCORDANCE WITH THE VALUATION COVERAGE YOU CHOOSE FOR YOUR MOVE. FOR CUSTOMERS WITH \$0.30/LB OR \$0.60/LB, THE AMOUNT CLAIMED FOR MISSING AND/OR DAMAGED ITEMS MUST BE THE WEIGHT OF THE ITEM x THE RATE/LB. IF THE AMOUNT FOR REPAIR OF AN ITEM IS LESS THAN THE AMOUNT BY WEIGHT, YOU MAY INDICATE BOTH FOR OUR CONSIDERATION. FOR CUSTOMERS WITH ADDITIONAL VALUATION COVERAGE, INDICATE THE REPAIR AMOUNT SOUGHT FOR DAMAGED ITEMS, OR THE COST FOR MISSING PARTS. FOR MIRROR OR GLASS, INDICATE THE COST TO REPLACE THE MIRROR OR GLASS ONLY. FOR MISSING ITEMS OR THOSE, WHICH ARE TOTAL LOSS, INDICATE THE DEPRECIATED VALUE.
- 4) PLEASE BE ADVISED THAT ITEMS, FOR WHICH YOU ARE SEEKING COMPENSATION FOR THE TOTAL VALUE BY WEIGHT OR DEPRECIATED VALUE, BECOME THE PROPERTY OF THE MOVER ONCE THE CLAIM IS PAID AND MAY BE PICKED UP FROM YOU FOR SALVAGE.
- 5) FOR CLAIMS INVOLVING PREMISES DAMAGES (WALLS, FLOORS, STAIRCASES, ETC.), PLEASE COMPLETE 2, 3, AND 7 SECTION 2. PLEASE DESCRIBE HOW THE DAMAGE HAPPENED IN SECTION 3.
- 6) YOU WILL RECEIVE WRITTEN CONFIRMATION OF YOUR CLAIM WITHIN 30 DAYS FROM THE DAY IT IS RECEIVED BY OUR OFFICE.
- 7) PHOTOGRAPHS AND ORIGINAL DOCUMENTS SUBMITTED WITH CLAIMS CANNOT BE RETURNED TO CLAIMANT, AND BECOME PART OF OUR FILES.
- 8) PLEASE KEEP A COPY OF CLAIM FORM (ALL PAGES) AND ANY DOCUMENTATION SENT, FOR YOUR RECORDS.

CLAIM FORM (PAGE 1 OF 4)

SECTION 1 GENERAL INFORMATION

CLAIMANT NAME(S): _____ AND _____

ADDRESS: _____ TEL# W: (___) - ___ HOURS: _____

CITY/STATE/ZIP: _____ TEL# W: (___) - ___ HOURS: _____

NAME OF MOVING COMPANY _____ YOUR ORDER/JOB#: _____

PICKUP LOCATION: _____ PICKUP DATE: ___/___/_____

DELIVERY LOCATION: _____ DELIVERY DATE: ___/___/_____

WAS SHIPMENT IN MOVER'S STORAGE FACILITY? _____ YES _____ NO

IF YES, INDICATE DATES STORED: FROM: ___/___/_____ TO: ___/___/_____

DATE SHIPMENT UNPACKED: _____ BY WHOM: _____ CLAIMANT _____ MOVER

CLAIM IS FOR: _____ LOSS _____ DAMAGE _____ COMPLAINT

NAME OF PERSON YOU REPORTED THIS CLAIM TO: _____

TYPE OF VALUATION YOU HAD: _____ \$0.30 PER LB.PER ARTICLE _____ \$0.060 PER LB.PER ARTICLE

ADDITIONAL VALUATION AMOUNT \$ _____

WAS WRITTEN NOTATION OF DAMAGE OR LOSS MADE BY YOU ON THE MOVING PAPERWORK AT THE TIME OF DELIVERY ___YES___ NO. IF YES, BE SURE TO INCLUDE THIS DOCUMENT WITH YOUR CLAIM FORM.

CLAIM FORM (PAGE 2 OF 4)

HAVE YOU OR FAMILY MEMBER EVER FILED ANY PREVIOUS CLAIMS WITH ANOTHER MOVER:
____ YES ____ NO

IF YES, PLEASE COMPLETE THE FOLLOWING:

(1) NAME OF MOVER: _____ DATE CLAIM FILED: ____/____/____

CUSTOMER NAME CLAIM FILED UNDER: _____ RELATIONSHIP _____

2) NAME OF MOVER: _____ DATE CLAIM FILED: ____/____/____

CUSTOMER NAME CLAIM FILED UNDER: _____ RELATIONSHIP _____

(3) HAS THE ITEM(S) CLAIMED BEEN REPAIRED PREVIOUSLY? ____ YES ____ NO

IF YOUR ANSWER IS YES, WHEN AND BY WHOM? _____

FOR WHAT TYPE OF DAMAGE(S)? _____

4) ON DELIVERY DID THE DRIVER/FORMAN PLACE ALL OF YOUR GOODS IN THEIR PERMANENT LOCATION IN YOUR HOUSE/APT.? ____ YES ____ NO IF NOT, WERE SOME ITEMS PLACED IN TEMPORARY STORAGE IN A WAREHOUSE WITH AN AGENT OF THE CARRIER, OR IN A DETACHED GARAGE, OR IN A PRIVATE MINI-SELF STORAGE WAREHOUSE PLEASE SPECIFY:

(5) WHEN WAS THE PREVIOUS TIME THAT YOU MOVED, PRIOR TO THE MOVING DISPUTE?

(6) DO YOU HAVE HOMEOWNER'S OR APARTMENT DWELLER'S INSURANCE COVERING YOUR HOUSEHOLD GOODS? ____ YES ____ NO

NAME OF INSURANCE COMPANY _____

WHAT VALUE IS PLACED ON YOUR GOODS IN THIS POLICY? \$ _____

DID THIS POLICY COVER YOUR GOODS WHILE THEY WERE IN TRANSIT? ____ YES ____ NO

CLAIM FORM (PAGE 3 OF 4)

**SECTION 2 - DETAILED STATEMENT OF CLAIM
(SEE INSTRUCTION SHEET FOR ASSISTANCE IN COMPLETING THIS SECTION)**

INVENTORY ITEM	ITEM	DESCRIPTION OF DAMAGE OR LOSS	ITEM PACKED BY	WEIGHT OF ITEM	ORIGINAL PURCHASE DATE/COST	AMOUNT CLAIMED NOW

SECTION 3 - ADDITIONAL INFORMATION

IN THIS SECTION, PLEASE ADVISE OF ANY ADDITIONAL INFORMATION YOU THINK MIGHT BE HELPFUL TO US IN REVIEWING YOUR CLAIM INCLUDING HOW DAMAGE/LOSS OCCURRED, UNUSUAL CIRCUMSTANCES, ETC. IF THE INFORMATION PERTAINS TO A SPECIFIC ITEM, PLEASE MAKE SURE TO INDICATE THE ITEM NUMBER AND INVENTORY NUMBER NEXT TO YOUR COMMENT.

CLAIM FORM (PAGE 4 OF 4)

SECTION 4 - DOCUMENTATION

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH THIS FORM IN SUPPORT OF YOUR CLAIM. IN THE EVENT THAT YOU ARE UNABLE TO PROVIDE A PARTICULAR ITEM, YOU MUST INDICATE THIS TO AVOID DELAY OR REJECTION OF THE CLAIM.

____ 1. PHOTOS OF EACH DAMAGED ITEM. FOR BOXED ITEMS CLAIMED, A PHOTO OF BOTH THE ITEM AND THE BOX IS REQUIRED. PLEASE LIST YOUR NAME, NAME OF ITEM AND DESCRIPTION OF DAMAGE SHOWN ON THE REVERSE OF EACH PHOTO.

____ 2. ORIGINAL PURCHASE RECEIPT FOR EACH MISSING OR DAMAGED ITEM. RECEIPT MUST INDICATE DATE OF PURCHASE, PURCHASE PRICE, STORE NAME, ADDRESS AND TELEPHONE NUMBER. IF RECEIPT IS NOT AVAILABLE FOR PARTICULAR ITEM, INDICATE THAT AND PROVIDE THE ABOVE INFORMATION.

____ 3. COPIES OF ALL MOVING DOCUMENTS: BILL OF LADING (CONTRACT), INVENTORY LISTS, ORDER FOR SERVICE, ESTIMATE, ETC. PLEASE BE SURE TO INCLUDE COPIES OF ANY MOVING DOCUMENTS ON WHICH WRITTEN NOTATIONS OF DAMAGE/LOSS WERE MADE YOU AT THE TIME OF DELIVERY AND HIGHLIGHT SUCH NOTATIONS.

____ 4. ORIGINAL REPAIR ESTIMATES FOR ALL DAMAGE ITEMS CLAIMED. **NOTE:** ANY COST FOR OBTAINING ESTIMATES IS NOT COVERED.

SECTION 5 - SIGNATURE

NOTES:

- 1) YOU MUST RETAIN ALL DAMAGED ITEMS, PARTS AND PACKAGING AND NO REPAIRS ARE TO BE DONE UNTIL CLAIM IS SETTELED.
- 2) WE RESERVE THE RIGHT TO REQUEST FURTHER INFORMATION AND/OR DOCUMENTATION AS NEEDED.
- 3) WE MUST RECEIVE WRITTEN CLAIMS WITHIN 90 DAYS FROM THE DATE OF MOVE AND CLAIMS CANNOT BE AMENDED ONCE SUBMITTED.
- 4) THE FILING OF A FALSE OR IMPROPER CLAIM AND/OR TAMPERING WITH DOCUMENTS (RECEIPTS, MOVING PAPERWORK, ETC.), CONSTITUTES INSURANCE FRAUD AND IS PUNISHABLE BY FINE AND/OR IMPRISONMENT. ANY CLAIM FOUND TO CONTAIN FALSE OR IMPROPER INFORMATION WOULD BE AUTOMATICALLY DENIED. THIS OFFICE REPORTS ALL FRAUDULENT CLAIMS TO THE PROPER AUTHORITIES.

STATE OF _____ COUNTY OF _____

THE UNDERSIGNED, SIGNER OF THE FOREGOING STATEMENT, HEREBY MAKES SOLEMN OATH TO THE TRUTH OF THE STATEMENTS CONTAINED HEREIN (PAGES 1 THROUGH 4) AND EXHIBITS ATTACHED HERETO.

CLAIMANT SIGNATURE DATE CLAIMANT SIGNATURE DATE

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____ 20____ NOTARY PUBLIC