




STATEMENT OF CLAIM

 **IMPORTANT:** The claim must be submitted by you, in its entirety, including the below requested documents, Within **65 DAYS** of final delivery.

 **DO NOT** Discard or Repair Any Damaged Items (including containers) Prior to Conclusion of Claim.

 **ATTACH COPIES of Bill of Lading • Order for Service • Signed Terms & Conditions for Insurance • High Value Inventory • Inventories signed at Origin & Destination • Damage/Exception Reports • Original Purchase Receipts • Photos of Damage.**

 **COMPLETE CLAIM FORM, SIGN, DATE AND FAX TO (720) 488-0199.**



5990 Greenwood Plaza Blvd Suite 390
Greenwood Village, CO, 80111
Phone 800-963-0204 – Fax 720-488-0199

EMAIL – INSURANCE@GOSMARTMOVE.COM

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| <p>A. COMPLETE ALL SPACES. If form provided by email, you can type information directly on form. Otherwise, Please print carefully using a black or blue ballpoint pen.</p> <p>B. The “INVENTORY NUMBER” column (INV. NO.) is the number the mover assigned to each article on the descriptive inventory and is necessary for the processing of your claim.</p> <p>C. In the “DESCRIPTION OF ARTICLE” column, give as much detail as possible, <i>i.e.</i>, small container (including list of contents), dish pack, triple dresser, color, brand, model #, etc.</p> | <p>D. In the “NATURE AND EXTENT OF DAMAGE” column, give a short, detailed description, <i>i.e.</i>, broken left chair arm, chipped dinner plate, or missing.</p> <p>E. Under “DATE OF PURCHASE” and “PURCHASE PRICE” columns, we need your <i>best recollection</i> if you do not have a record of a particular item.</p> <p>F. Under “AMOUNT CLAIMED” column, estimate the amount of loss by item. An independent inspection service might be required to determine the extent and nature of damage.</p> |
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1. Claimant's Name Last First	2. Claimant's Address City State Zip	3. Contact Information	Phone 1 () - Fax () -	Phone 2 () - EMAIL
4. Mover's Name		5. City	6. Pick-up Date	7. Delivery Date
8. Bill of Lading #	9. Origin City	10. Destination City	State	

INV. NO.	DESCRIPTION OF ARTICLE	NATURE AND EXTENT OF DAMAGE	DATE OF PURCHASE	PURCHASE PRICE	AMOUNT CLAIMED
TOTAL AMOUNT CLAIMED					

I am the owner of the property described. I did not cause or contribute to the damage as described on this Statement of Claim. All statements made on this Statement of Claim and any attached documents are true and correct to the best of my knowledge and belief, and constitute my complete and entire claim. No material information has been withheld. All claims for either loss or damage must be filed in accordance with the Policy Terms and Conditions. I hereby assign and transfer to Smart Move, Inc. All salvage rights and/or recoveries arising from the settlement of this claim. I hereby authorize the carrier to release any and all moving documents to Smart Move Insurance.

Value of My Shipment \$ _____ Deductible That I Selected \$ _____ Claimant's Signature _____ Date _____