MOVER'S CHOICE

Division of Specialty Program Group, LLC

Doing business in California as SPG Insurance Solutions · License No. 0L09546

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PRESENTATION OF LOSS AND DAMAGE DETAILS OF CLAIM

MOVING COMPANY _____ **CITY** _____ **STATE** _____

ORDER NO.	DATE LOADED	DATE DELIVERED	FROM (CITY, ST)	TO (CITY, ST)

CLAIMANT _____ **PHONE NO** _____

ADDRESS _____ **WORK PHONE** _____

_____ **FAX** _____ **EMAIL** _____

INVENTORY NO:	ARTICLE	DESCRIPTION OF DAMAGE	ESTIMATED WEIGHT	ORIGINAL COST	DATE ACQUIRED	AMOUNT CLAIMED	ESTIMATED COST OF REPAIR	HOME OFFICE USE ONLY

The insurance I/We purchased on our goods were (please check one):

☐ REPLACEMENT COST PROTECTION OF $ _____ Deductible amount $ _____

☐ ACTUAL CASH VALUE OF $_____ RELEASED @ .60 PER LB

*You must provide documentation verifying valuation of goods.

Cartons packed by:	**Unpacked by:**
Stored at:	**Dates of storage:**
Any external damage to container?	**When was damage discovered? By whom?**

NOTE:

- NO CLAIM SETTLEMENT CAN BE MADE UNTIL FREIGHT BILLS HAVE BEEN PAID
- REPAIR ESTIMATES OR ORIGINAL PURCHASE INVOICES MAY BE ATTACHED TO EXPEDITE SETTLEMENT
- INSURANCE COMPANY MAY WISH TO INSPECT DAMAGES. DAMAGE THAT CANNOT BE VERIFIED MAY NOT BE COVERED

I/we are the owner(s) of the property described above and did not cause or contribute to damages. I/we hereby certify that the above information is true and accurate to the best of my/our knowledge and belief. No material information has been withheld.

_____ _____

SIGNATURE OF CLAIMANT DATE

SUBMIT