

LOCAL CLAIM FORM

Important:

Please Read Instructions and Public Advisory No. 4 before completing claim form.

RETURN THIS FORM TO:

Mee Moving & Storage, Inc.
2561 Grennan Court
Rancho Cordova, CA 95742

Tel. # 916-635-8262

Fax # 916-635-0323

GENERAL INSTRUCTIONS:

- A. If you intend to file a claim for loss or damage to your goods, be aware that one of the required documents in support of your claim is a copy of the paid freight bill. This means that before you may file a claim with the carrier for loss of or damage to your goods, you must pay the carrier for all charges due for transportation services.
- B. Keep damaged articles, including shipping cartons, these items must be available for inspection.
- C. Please DO NOT write in shaded areas marked for home office use only.
- D. Please have shipping documents available at time of inspection.

SPECIFIC INSTRUCTIONS:

- A. The ORDER FOR SERVICE NUMBER must be referenced on claim form and any subsequent correspondence or inquiries. If not already completed, the order number can be found on the top of the Bill Of Lading.
- B. Complete top portion of form thoroughly. Include zip codes with addresses and area codes with telephone numbers.
- C. Complete all columns for articles claimed:
 - 1. The inventory number of the articles is important. Include articles or container number whenever possible.
 - 2. Give a brief description of article claimed. (coffee table, desk)
 - 3. Describe the extent and nature of damage. (scratched on top or leg broken)
 - 4. Indicate the article's replacement cost today for similar article.
 - 5. Enter the amount you are claiming in settlement. The claim form is not complete without the amount.
 - 6. Please indicate if items claimed were packed in cartons: Please indicate yes or no in the appropriate column to show if the carton was damaged externally.
- D. If additional space is required, please be sure attached pages include the same information requested on this form.
- E. For items missing, indicate "missing" in column number 3 Description of Damages.
- F. Any supporting documentation such as appraisals or repair estimate should be firmly attached to the claim form.
- G. The claim form MUST be signed and dated. Failure to sign will result in the form being returned for signature.

Inv. No.	Article Weight	Article Description	Description of Damages	Purchase Date	Cost to Replace Today	Amount Claimed	Were cartons damaged
38	40 lbs.	End Table	Scratched Top	10/79	\$75.00	\$10.00	N/A
15	30 lbs.	Glass Bowl	Broken	10/80	\$2.50	\$2.50	N/A
75	50 lbs.	Wing Chair	Arm Soiled	5/78	\$250.00	\$15.00	N/A

MINIMUM FILING REQUIREMENTS:

Federal regulation established the minimum filing requirements as a "communications in writing from a claimant filed with a proper carrier within the time limits specified in the bill of lading or contract of carriage or transportation, and (I) containing facts sufficient to identify the baggage or shipment (or shipments) of property involved (II) asserting liability for alleged loss, damage, injury or delay, and (III) making a claim for the payment of a specified or determinable amount of money, shall be considered as sufficient compliance with the provisions for filing claims embraced in the bill of lading or other contract of carriage."

PRESENTATION OF LOSS & DAMAGE CLAIM FORM

Shipper's Name: _____

Present Address: _____

For Office Use Only:			
DR _____	DA _____	AC _____	ST _____

Telephone # (Hm) _____ Moved From: _____

(Wk) _____

Load Date: _____ Delivery Date: _____ Have Freight Charges Been Paid?

Was Shipment Stored In A Warehouse? _____ Yes _____ No _____ Yes _____ No

Did Employer Pay Moving Charges? _____ Yes _____ No

Employed By: _____

What Was Declared Value Protection Release Value?

\$ 0.60/lb _____ \$1.25/lb _____ \$ _____/lb Lump Sum \$ _____

Col. 1 Inven. No.	Col. 2 Description of Article	Col. 3 Description of Damage	Col.4 Year Purchased	Col.5 Original Cost	Col. 6 Cost to Replace	Col.7 Amount Claimed	Col.8 Cartons Damaged

IMPORTANT NOTICE:

Failure to fully complete or sign form will cause it to be returned!

X _____ Date _____

TOTAL CLAIMED \$ _____

This Completes my complete claim.

_____ Yes _____ No

For Office Use Only: DS _____ DR _____ RSA _____ ARR _____