

American Best Moving Co.

15720 Stagg St. Van Nuys, Ca 91406

818-9880816 fax 818-9880805

Claim Form

Name _____ Date _____

Pick up from _____

Delivery to _____

Phone number () _____ Cell () _____

Declared value \$0.60 /lb _____ Cash Value \$ _____ FMV \$ _____

Item	Estimated Weight	Description of damage	Purchase date	Purchase price	Amount Claimed

Guidelines:

1. Claim for must be submitted within thirty (30) days after delivery of goods.
2. All damages must be noted on the delivery documents and acknowledged by delivery crew.
3. Average period to process claims is 60 days.
4. Client must provide all supporting evidence such as pictures, invoices, inventory sheets etc.
5. All damaged items must be kept available for inspection
6. Customer's account must not reflect any outstanding balance before filing any claim.

I am the rightful owner of the damage goods enumerated in this claim form. Further more I declare that all documents and information I provided with this form are valid and accurate

I have read and understood the above mentioned guidelines and I agree to abide by the rules set forth.

Signature _____ Date _____