## TRANSIT and/or STORAGE PRESENTATION OF LOSS

N	AME:		PHONE NUMBERS:								
ADDR	ESS:						Daytime	e:			
							Evenin	g:			
NAME OF MOVER:			laim for loss or damage is presented. Loss or damage occurred while the go								
			our goods? \$				per pound per pound	□ \$ □ \$			
١	Nas there	damage	☐ packed by the mover ☐ ur to any of the packing containers? damage found?	npacked by the mover ☐ Yes ☐ No	(Keep any dama	aged contain	ers, as they may	er: need to be inspect	ed for the claim to	o be valid.)	
Item No.	Item MISS Or DAMA	GED (D)	DESCRIPT (BE SPECIFIC; NOTE MAKE, MODEL, SI	ION OF ITEM ZE ETC.; INCLUDE PHOTO I	F AVAILABLE)	Age of Item	Cost When New	Current Value	Estimated Weight in pounds	Estimated Cost to Repair	
	M	D					\$	\$		\$	
	M	D					\$	\$		\$	
	M	D					\$	\$		\$	
	M	D					\$	\$		\$	
	M	D					\$	\$		\$	
	M	D					\$	\$		\$	
	M	D					\$	\$		\$	
	M	D					\$	\$		\$	
	M	D					\$	\$		\$	
	M	D					\$	\$		\$	
NOTES:	(2) At (3) Th	ttaching rep	tlement can be made until the transportation of pair estimates and original purchase invoices company or the insurance company is entitle and local jurisdictions it is unlawful to prese	for lost or damaged items will d to inspect any damaged iten				ue listing missing or o	damaged items on tl	ne back of this form.	
I/WE HE	RBAY CER	RTIFY THA	AT THE ABOVE INFORMATION IS TRU	JE AND ACCURATE TO T	HE BEST OF M	IY/OUR KN	IOWLEDGE AN	ID BELIEF.			
BY:	DATE SIGNED:										
BY:		DATE SIGNED:							MOVE-PAK® 12 (06/98)		