

## **INSTRUCTIONS FOR FILING A CLAIM FOR INTERSTATE MOVES**

**Note: This is *not* an interactive form. Please print out form, complete and fax to the Wheaton claims department at 317-570-4633. Forms may also be mailed to Wheaton Van Lines, Inc., P.O. Box 50800, Indianapolis, IN 46250-0850.**

1. All claims must be filed in writing, within nine months of the date of delivery to residence. If your goods were placed into storage-in-transit, and remain in storage in excess of 180 days, you have nine months from the date of conversion to permanent storage in which to file a claim.
2. Please do not discard or repair any items without prior authorization from this office, as we reserve the right to inspect all claimed items.
3. If you are claiming any damaged items which were packed, please indicate whether or not the carton was damaged. Please also save the packing material and carton for our inspection.
4. Please describe the nature and location of damages for each article claimed, and furnish repair estimates whenever possible to support the claim.
5. Please provide the manufacturer's name, the model, and the serial number of any appliances or electronics equipment claimed as missing or damaged.
6. Copies of original purchase receipts should be submitted with your claim for items requiring replacement.
7. Please make certain that all items you wish to claim are included on your claim form, and that the claim does constitute your complete and entire claim.



VERIFIED STATEMENT OF CLAIM FOR LOST OR DAMAGED GOODS

IMPORTANT: PLEASE READ INSTRUCTIONS ON PREVIOUS PAGE

BILL OF LADING AND ORDER NO. \_\_\_\_\_ Date of Filing Claim \_\_\_\_\_

YOUR NAME \_\_\_\_\_

DESTINATION ADDRESS \_\_\_\_\_

ORIGIN ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AREA CODE \_\_\_\_\_ HOME PHONE NO. \_\_\_\_\_

AREA CODE \_\_\_\_\_ BUSINESS PHONE NO. \_\_\_\_\_

Regardless of any previous written or oral communications, you must include on this form all articles that you claim are either lost or damaged and submit with this form your paid Freight Bill and Bill of Lading, as well as any documents which would support your claim in order to receive any claim considerations.

Table with 9 columns: INVENTORY ITEM NO., ARTICLE, DESCRIBE NATURE OF LOSS OR DAMAGE, ESTIMATED WEIGHT, PRESENT VALUE, DATE ACQUIRED, ORIGINAL COST, AMOUNT CLAIMED, CARTON DAMAGE Y N. Rows 1-9.

TOTAL AMOUNT CLAIMED \$ \_\_\_\_\_

The undersigned does hereby swear or affirm that all entries made in this Statement of Claim and contained in the attached supporting documentation are true and correct to the best of my knowledge and belief, and constitute my complete and entire claim growing out of or in any way connected with the transportation or storage of my possessions.

Signature of Claimant \_\_\_\_\_

In making this claim, you must be prepared to justify the value you have placed on the lost or damaged articles. Submit any documents which would be required in support of your claim, including a paid Freight Bill and Bill of Lading. This form must be signed by the claimant who is the owner of all items claimed to be lost or damaged.

Complete this form and mail to WHEATON VAN LINES, INC., P.O. Box 50800

Indianapolis, IN 46250-0850