

NEW WORLD VAN LINES, INC.

The Professional Mover...With The Personal Touch

5875 N. Rogers Avenue

Chicago, IL 60646

Phone: 800-422-9300 Fax: 773-685-3159

STATEMENT OF CLAIM

IMPORTANT:

**CLAIM MUST BE FILED WITHIN 90 DAYS AFTER DELIVERY OF YOUR SHIPMENT.
ALL DAMAGED ITEMS MUST BE RETAINED FOR INSPECTION.**

CLAIMANT'S NAME:			DELIVERY ADDRESS: CITY STATE ZIP			NAME OF ACCOUNT:		
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REG NO.	DATE OF PICK UP:	DATE OF DELIVERY:	SIT: YES NO	CLAIMANT'S TELEPHONE NUMBERS: HOME OFFICE			
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SHIPMENT ORIGIN ADDRESS: CITY STATE ZIP			DELIVERY ADDRESS: CITY STATE ZIP			DO NOT WRITE IN SHADED COLUMNS FOR USE BY NEW WORLD ONLY					
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	INV#	DESCRIPTION OF ARTICLE	NATURE & EXTENT OF DAMAGE	EXCEPTION	PURCHASE		AMOUNT CLAIMED	PMNT CODE	AMOUNT PAID	#	LIABILITY NAME	ITEM CODE
					DATE	PRICE						
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												

I am the owner of the property described. I did not cause or contribute to the damage set forth herein. All statements made in this Statement of Claim and any attached documents are true and correct to the best of my knowledge and belief, and constitute my complete and entire claim. No material information has been withheld.

Damage was noted at time of delivery. YES _____ NO _____

CLAIMANT'S SIGNATURE DATE

TOTALS							
		<u>Amt</u>	<u>Date</u>				
CK1							
CK2							
CK3							
CK4							