

# PALMER MOVING & STORAGE CO.

## MOVING DAMAGE CLAIM

Customer Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 New Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Old Address \_\_\_\_\_ Delivery Date \_\_\_\_\_

Were goods stored? \_\_\_\_\_ If "yes", date placed in storage \_\_\_\_\_  
 Insurance \_\_\_\_\_ Palmer Work  
 If insured, amount \$ \_\_\_\_\_ Certificate No. \_\_\_\_\_ Order No. \_\_\_\_\_

ARTICLE	WEIGHT OF ARTICLE	DESCRIBE NATURE OF DAMAGE; I.E., BROKEN, CHIPPED, SCRATCHED, ETC.	AGE OR DATE PURCHASED	COST WHEN NEW	IF NOT REPAIRABLE, AMOUNT CLAIMED	CARRIER LIABILITY PER POUND PER ARTICLE

**INSTRUCTIONS:** Please print all information requested; it is not necessary to complete the last column. Claims must be supported by a paid Palmer work order and filed with the company within 60 days of delivery date of goods. This claim form represents entire claim to be filed. If you have any questions, call 800-521-3954 for assistance.

This office will arrange for an inspection of the damage and/or furniture repairs upon receipt of your completed claim form. At that time repair estimates may be requested for other types of damage. If your claim includes missing or possibly "not repairable" articles worth \$100 or more, please provide a bill of sale, canceled check or some other evidence of a similar nature to verify the value of the article.

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

\_\_\_\_\_  
Date