

PRESENTATION OF LOSS AND DAMAGE CLAIM



MAIL TO: PALMER MOVING SERVICES
24660 DEQUINDRE RD
WARREN, MI 48091

PHONE NUMBER: 1-800-521-3954
FAX: 586-834-3414

To expedite handling, please be sure registration number is given. Registration number is on upper right-hand corner of the Bill of Lading.
Reg. No. _____

COMPLETED FORMS CAN BE MAILED OR EMAILED TO CLAIMS@PALMERMOVING.COM

NAME OF CLAIMANT _____ DATE _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

PREFERRED METHOD OF CONTACT HOME# _____ OFFICE# _____ CELL# _____
 FAX# _____ EMAIL ADDRESS _____

NAME OF CUSTOMER (IF DIFFERENT THAN CLAIMANT) _____

MOVED FROM _____
DELIVERY ADDRESS (IF DIFFERENT FROM ABOVE) _____

ALSO SEE PAGE 2 OF FORM FOR ASSISTANCE.

- 1. Do not dispose of items claimed or repair without authorization.
- 2. Time limit for receipt of this form is 10 days from date of delivery.
- 3. Transportation charges must be paid prior to claim settlement.
- 3. Incomplete information may delay claim settlement. If claim includes missing items, describe when and where last seen in remarks.
- 4. If claim is to be settled with another party, authorize under "Remarks".

DETAILS OF CLAIM

SEE REVERSE SIDE FOR INSTRUCTIONS
(ATTACH ADDITIONAL PAGES FOR ADDITIONAL ITEMS OR REMARKS)

ARTICLE GIVE COMPLETE DESCRIPTION	NATURE OF CLAIM IF DAMAGE, DESCRIBE EXTENT, ETC.	IF PACKED, WAS THIS CARTON DAMAGED? CIRCLE ONE	APPROX. WEIGHT	ARTICLE AGE	ORIGINAL COST	REPLACEMENT COST	AMOUNT CLAIMED (REQUIRED)
		Yes/No					
		Yes/No					
		Yes/No					
		Yes/No					
		Yes/No					
		Yes/No					
		Yes/No					
		Yes/No					
		Yes/No					
		Yes/No					
		Yes/No					
		Yes/No					
		Yes/No					
		Yes/No					
		Yes/No					
		Yes/No					
		Yes/No					

If shipment was temporarily detained in storage, either at origin or destination, state where: _____

REMARKS: _____

If payment for missing item(s) is made and missing item(s) (except perishables and items requiring immediate permanent replacement) are subsequently delivered to the claimant within a reasonable period of time, claimant agrees to accept the items and refund any payments made for the items. Should claimant wish to collect damages on any returned items, the claimant must file a new and separate claim form.

I solemnly swear that (1) the information on this claim form and in my exhibits is true and complete to the best of my knowledge and belief; (2) no material fact is withheld that should be included; and (3) this is a complete and accurate statement of all loss and/or damage to be claimed in connection with this shipment.

Signature of Claimant* _____ Date _____

*Failure by claimant to sign will cause return of form for signature.

Section 14904(b)(2) of Title 49 of the United States Code imposes a civil penalty of up to \$2,000 for filing a false claim with a motor carrier.

**INSTRUCTIONS FOR PREPARATION OF
PRESENTATION OF LOSS AND DAMAGE CLAIM FORM**

1. Please read the provisions of the Contract Terms and Conditions on the reverse side of your Bill of Lading.
2. No claim will be considered properly presented until Palmer has received a completed Presentation of Loss or Damage Claim Form signed by the claimant.
3. Prepare the Presentation of Loss and Damage Claim Form. Return the original to Palmer Moving Services 24660 Dequindre Rd. Warren, MI 48091 or claims@palmermoving.com. Retain a copy for your records.
4. Please type or use a ball point pen when completing the claim form.
5. Palmer reserves the right to inspect any damaged items within a reasonable time. Do not proceed with repairs or replacement until we have had an opportunity to examine your completed Presentation of Loss or Damage Claim Form and determine the course of action to follow.
6. Do not discard any damaged item or the shipping carton in which it was transported until after a claim has been filed and the item and shipping carton have been inspected.
7. Both before and after inspection, repairs must be authorized in advance by Palmer. Do not proceed with any repair until Palmer has authorized the repair.
8. Palmer retains salvage rights in any item that it has replaced. Do not discard any damaged item that has been replaced without Palmer's authorization.
9. All transportation charges must be paid prior to the payment of any amount on a claim.
10. Incomplete information may delay claim settlement. Additional information may be requested in order to process any claim.
11. If the claim is filed under Full Value Protection, repairs will be Palmer's first option. Any replacement considered will be for items of like kind and quality, per Bill of Lading Terms and Conditions.
12. If you selected a deductible, this amount will be deducted before settlement is made, which may result in no payment.

Specific instructions for the "Details of Claim" section of form:

- A. DESCRIPTION OF ARTICLE: Describe each item for which a claim is being made. If missing items are claimed, identify by color, size, pattern, manufacturer and/or brand name, model no., etc. Identify contents of containers as accurately and completely as possible.
- B. NATURE OF CLAIM: Indicate type, severity and location of damage on each article.
- C. ON PACKED ITEMS: Indicate whether the container was damaged by circling Yes or No and the extent of any damage to the container under remarks.
- D. APPROXIMATE WEIGHT: Enter as accurately as possible.
- E. ARTICLE AGE: Complete entries in these columns as accurately as possible.
- F. ORIGINAL COST: Enter what you paid for item.
- G. REPLACEMENT COST: Enter cost of item on today's market.
- H. AMOUNT CLAIMED: If you are claiming damage, enter only the cost of repair, if known. If claiming missing items, enter their value. If an estimate for repairs has been obtained by you, please enclose a copy. On receiving the completed form, a repair firm may be assigned to contact you for repairs, if needed.

REMARKS: Any information or comments you may have as to how loss or damage occurred will expedite claim processing. If additional space is required, use additional pages and please include the same information requested above.

Should any additional correspondence on your claim be necessary, please refer to the move registration number.