

ARNOFF MOVING & STORAGE

1282 Dutchess Turnpike, Poughkeepsie, NY 12603

Claim Inquiry Cargo Damage

Name of Claimant _____	Date of Filing Claim _____	Claimant's Phone Number: _____
Address of Claimant _____	Internet Address: _____	
Name of Carrier _____	Carrier's Contract Number: _____	
Address of Carrier _____		

For _____ in connection with shipments herein described:
loss or damage

Description of shipment (household goods, office move, etc...) _____

Name and address of shipper (person (s) with whom Arnoff has contract with) _____

Date shipment loaded _____ from _____
street address, city & state

Moving to _____
(Name of party empowered to receive, if other than shippers) street address, city & state

State where shipment was temporarily detained in storage either at origin or destination _____

If claim is for breakage or shortage to items packed in containers give following information:

Shipment packed by _____ Shipment unpack by _____ Date unpack _____

When was damage or shortage discovered _____ Discovered by _____

NAME OF YOUR INSURANCE CO. EFFECTING COVERAGE ON PROPERTY TRANSPORTED: _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

Inventory Number	Description of item, nature and extent of loss or damage, etc.	Weight of item	Date Acquired	Original Cost	Value at time of loss	Amount Now claimed

THE FOLLOWING DOCUMENT IS SUBMITTED IN SUPPORT OF CLAIM

A repairman's estimate of cost of repair(s) attached. Estimate or appraisal for replacement of item(s) attached

Remarks _____

NOTE: DO NOT make any repairs before first contacting Arnoff Moving & Storage

The undersigned, signer of the foregoing statement, hereby makes a solemn oath to the truth of the statements contained herein, and exhibits attached hereto.

Signature of Claimant _____ Date _____