



**VAN LINES**

24 SCHOOLHOUSE ROAD, SOMERSET, NJ 08875-5960  
732-627-0600 • Fax: (848) 237-5668

**PRESENTATION OF CLAIM FOR LOSS AND DAMAGE**  
Please refer to Instructions to Claimant before completing this form.

PRINT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

Claim No.	
From (City, State)	
Date Loaded	Delivery Date

**OFFICE USE ONLY**

1. Invent. Number	2. ARTICLE	3. State if Shortage or Damage If Damage - Describe Condition	4. Date Purchased	5. Original Cost	6. Repair Replacement Cost Today	Weight	Total Paid		
<b>TOTAL</b>									

**IMPORTANT – READ**  
ICC Ex Parte 263 provides that any claim for loss, damage or dela must be submitted in writing by claimant within 9 months from date of delivery, and shall (1) include sufficient information to identify the shipment (2) make claim for payment of a specified or determinable amount of money.

**IMPORTANT – READ**  
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.

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

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

Date \_\_\_\_\_

Each claim must be supported by a paid Bill of Lading or photographic thereof.  
IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET.