**INSTRUCTIONS FOR FILING A CLAIM**

**Note: This is *not* an interactive form. Please print out form, complete and mail to Pikes Peak Moving & Storage Co., 30 Mount View Lane, Colorado Springs, CO 80907. Forms may also be faxed to 719-475-1203.**

1. Before presenting a claim for loss and damage, review the terms and conditions of the bill of lading under which the property was accepted for transportation.
2. All claims must be filed in writing, within 30 days of the date of delivery to residence.
3. Please do not discard or repair any items without prior authorization from this office, as we reserve the right to inspect all claimed items.
4. If you are claiming any damaged items which were packed by the movers, please indicate whether or not the carton was damaged. Please also save the packing material and carton for our inspection.
5. Please describe the nature and location of damages for each article claimed.
6. Please provide the manufacture’s name, the model, and the serial number of any appliances or electronics equipment claimed as missing or damaged.
7. Copies of original purchase receipts should be submitted with your claim for items requiring replacement.
8. **Please make certain that all items you wish to claim are included on your claim form, and that the claim does constitute your complete and entire claim.**

**Pikes Peak Moving & Storage Co.**

Statement of Claim for Lost or Damaged Goods

**IMPORTANT: PLEASE READ INSTRUCTIONS ON PREVIOUS PAGE**

**BILL OF LADING NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE FILING CLAIM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PACK/MOVE DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ORIGIN ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_**

**DESTINATION ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OTHER PHONE NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE TOTAL VALUE OF MY ENTIRE SHIPMENT IS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INVENTORYITEM NO. | ARTICLE | DESRIBE NATURE OF LOSS OR DAMAGE | ESTIMATED WEIGHT | PRESENT VALUE  | DATEACQUIRED | ORIGINALCOST | AMOUNT CLAIMED | CARTONDAMAGEDY / N |
|  |  |  |  |  |  |  |  |  |
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**TOTAL AMOUNT CLAIMED $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The undersigned does hereby swear or affirm that all entries made in this Statement of Claim and contained in the attached supporting documentation are true and correct to the best of my knowledge and belief, and constitute my complete and entire claim growing out of or in any way connected with the transportation or storage of my possessions. The undersigned does further swear or affirm that there have been no material facts relative to this claim that have either been withheld or misrepresented. The undersigned does hereby agree that if it is determined by Pikes Peak Moving & Storage Co. that any of the above information or supporting documentation is false, or that material facts have been withheld, then this shall justify the denial of my claim by Pikes Peak Moving & Storage Co.**

**Signature of Claimant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In making this claim, you must be prepared to justify the value you have placed in the lost or damaged articles.**

**Submit any documents which would be required in support of your claim, including a paid Bill of Lading.**

**This form must be signed by the claimant who is the owner of all items claimed to be lost or damaged.**

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**Complete this form and MAIL to Pikes Peak Moving & Storage Co.**

**30 Mount View Lane, Colorado Springs, CO 80907**

**Or FAX to 719-475-1203**