NAME OF CARRIER ALS VAN LINES INC. PHONE 404-629-0223

MAILING ADDRESS 6025 LaGrange Boulevard FAX 404-346-0974

CITY AND STATE Atlanta, GA 30336

SECTION 11904 (a) (2) OF Title 49 of the United States Code makes it a crime subject to a fine of up to $5,000.00 and imprisonment for up to two years to knowingly and willfully file a false claim with a motor carrier

## PRESENTATION OF LOSS AND DAMAGE CLAIM

Claimant's Name _____ _____ Claimant's Address _____
Carrier's Order Number Zip Code

Moved From _____ Moved To _____ Date _____
(City & State) (City & State)

Was the loss and/or damage for which you are now filing claim noted on shipping papers at time of delivery? € Yes € No If no, please state why not.

_____

## DETAILS OF CLAIM

Please give full particulars to the best of your knowledge. In describing articles, give as much information as possible, such as : color, finish, kind of material, pattern, design, model number, serial number, trade name, manufacturer's name, etc.

**Do not dispose of damaged items until claim is settled.**

| Invoice Number | Article | Estimated Weight | Description of Damage | Purchased from Whom | Date Purchased | Purchase Price | Amount Claimed | Home Office Use Only | | |
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*The foregoing statement of facts is hereby certified as correct* Total Claim _____

Date _____ Claimant's Phone (_____) _____ _____

Signature of Claimant _____