



NOR-CAL Moving Services Presentation of Loss & Damage

NOR-CAL Moving Services
3129 Corporate Place
Hayward, CA 94545

Claimant's Name _____ Bill of Lading/Registration # _____

Current Address _____ Phone # _____ Cell _____

Origin Address _____

I / WE HEREBY CERTIFY THAT A CLAIM FOR LOSS OR DAMAGE IS PRESENTED, SUCH LOSS OR DAMAGE OCCURRED WHILE MY / OUR GOODS WERE IN THE CARE OF: _____

(Name and address of moving company)

Date of Claim _____ Date of Move _____ Storage Date In _____ Date Out _____

Valuation: What was the total value of your goods? \$ _____

Our goods were covered \$0.60 Per Pound \$ _____ Don't Remember

Were your goods packed and unpacked by the moving company? YES NO

Was there any external damage to the packing containers? YES NO

When was the damage discovered? _____ By Whom _____

Inventory Number	Description of Item / Type of Damage Indicate if Item is Missing	Age of Item	Cost New	Estimated Weight	Estimated Repair Cost	Cannot Repair

PLEASE NOTE: No claim settlement can be made until all freight bills have been paid. **Claims must be received within 30 days after delivery.**

Repair estimates or original purchase invoices can be attached to this report to speed up settlement. Insurance company may wish to inspect damage:

Damage that cannot be verified will not be covered.

I / WE HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY / OUR KNOWLEDGE AND BELIEF.

By _____ Date _____