

Mail To: **NOR-CAL Moving Services**

3129 Corporate Place Hayward CA 94545

E-Mail To: hhgclaims@nor-calmoving.com

Fax To: (510) 780-2650

For adjusters Use only	Carrier Ref No. or Move ID No.	Bill of Lading No.

Transferee / Claimant Destination Address		City	State	Zip	Home Phone No.	Business Phone No.	Cell Phone No.
National Account	Origin Address of Shipment	City	State	Zip	Date Shipment Loaded	Date Shipment Delivered	Claim Filing Deadline

Please confirm/supply all contact numbers.

*NOTE: If you will accept a nominal cash allowance instead of repairs, enter the dollar amount of allowance you are requesting. If repairs are required, enter the word "repair."

Inventory Lot & Item No.	Desc	cription Of Item	Na	ature and Extent of Damage or Indi	cate If Missing	Approx. Weight	Date Purchased	Original Cost	Replacement Cost	Amount Claimed (see note above)*	Agent Use Only
	ı										
Reporting	g Agent	Agent No.	TYPE (OF TRANSIT PROTECTION	TOTALS						
Dealder	. A ====t	A mont No	Туре		(per page)						
Booking	Agent	Agent No.	Coverage	¢							

Reporting Agent	Agent No.
Booking Agent	Agent No.
Origin Agent	Agent No.
Packing Agent	Agent No.
Hauling Agent	Agent No.
Warehouse Agent	Agent No.

TYPE OF TRANSIT PROTECTION				
Туре				
Coverage Amt.	\$			
Deductible	\$			

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.

> CLAIMANT/EMPLOYEE SIGNATURE DATE

FAILURE BY CLAIMANT TO SIGN WILL CAUSE RETURN OF FORM FOR SIGNATURE

***E-MAIL ADDRESSES WHICH INCLUDE CLAIMANT'S FULL LAST NAME WILL MEET SIGNATURE REQUIREMENT IF CLAIM FORM IS SENT ELECTRONICALLY ***