



We apologize for any inconvenience you may have been caused regarding this claim form. The Senior Movers will attempt to settle all claims in a reasonable and timely manner. We appreciate your cooperation in filling out this claim form. Once completed, please understand it is your responsibility to mail it to:

The Senior Movers  
Claims Department  
447 Elmwood Drive  
Troy, Mi 48083

Once we receive the completed form, a file will be created and then dispatched to TSM team member for further review. You will receive a phone call, letter or email within 30 days of TSM receiving the completed claim form. Please understand that in order to have the matter resolved in a timely manner, it is extremely important that you fill out the form completely. Once the claim has been acknowledged, it is then under review. Claims are processed in the order in which they are received.

Please know that we as the packing/ unpacking/ and moving specialists reserve the right to investigate all claims. Please retain ALL DAMAGED ITEMS, including pictures that may have been taken. The item MUST be available for inspection. Please be advised, if the item has been disposed of, and/or no photographic evidence is available, this may void the claim.

Additionally, please retain copies of your relocation documents, as our limited liability coverage states the following:

***The Senior Movers provide one valuation option: Limited liability: This plan covers furniture and Boxes/Bins Packed/Unpacked by TSM. We recommend you purchase third party insurance to protect any highly valued property. By signing this form, you are waiving certain valuable coverage which protects your property above the minimum amounts set by law. Please read carefully. Notwithstanding the minimum valuation of .60 cents per pound per article and in compliance with and subject to the limitations and provisions of 49 CFR Section 375.701(a): The Senior Movers cannot control whether proper packing methods are used, on boxes packed by the owner as well as pressed wood (particle board) furniture, liability is limited - TSM is also not always responsible for fragile or extremely delicate items such as glass, china, ornaments etc., where allowed by law. TSM has the right to inspect and attempt to repair any alleged damage. TSM is not liable or responsible for any pre-existing damage to the interior or exterior of any residence including, but not limited to walls, floors, ceilings, stairs, banisters, carpets, plumbing, landscaping, etc.***

The Senior Movers do not process moving claims via oral communication. Please understand that this form MUST be filled out completely and mailed back accordingly.

**Additional general instructions and rules:**

- Please retain the damaged articles, including pictures. These items must be available for inspection.
- Time limit for filing a claim is 30 days from date of service
- Please retain a copy of and make available upon investigation all documents – including estimate, survey and Bill of Lading.
- Once services are completed, FULL PAYMENT must be paid prior to any claim settlements.
- Please complete form thoroughly with origin address, as well as any and all destination addresses (zip codes must be provided). Primary contact persons, primary contact persons telephone and email are all required to move forward with claim.

**Please complete the following:**

1. Give brief description of item claimed including make, model, model number, etc... the more information given enables a faster investigative wait period.
2. Describe the extent, location and nature of damages with as much detail as possible. (example: Dresser from master bedroom has scratch on the left leg)
3. Indicate the item's present value replacement cost as of claim date for same or like items.
4. Enter the amount you are claiming in your settlement and how much it is you will settle for. The claim form will be considered INCOMPLETE without this amount.
5. If additional space is needed, you may attach additional pages, please notate.
6. The claim needs to be signed and dated. If there is no signature or date, claim will be considered INCOMPLETE.
7. Please do not repair or attempt to repair any items prior to claim being investigated as this may void the claim.

Origin Client Name: \_\_\_\_\_

Primary Contact First and Last Name: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ Primary Contact Email: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Origin Address: \_\_\_\_\_

Delivery Address (1): \_\_\_\_\_

Delivery Address (2) (if necessary): \_\_\_\_\_

Address where item was discovered to be damaged: \_\_\_\_\_

Item Description	Location of Damage	Est. Weight of Item	Est. Original Date of Purchase	Est. Original Cost of Item	Est. Current Value	Amount Being Claimed

Amount will settle for: \_\_\_\$25    \_\_\_\$50    \_\_\_\$75    \_\_\_Other

\* In making this claim, please understand the need to justify the value you have placed on this claim form for damaged items. Please remit any additional documents that aid in the justification of pricing including receipts of purchases or pictures.

\*\*In signing below, I acknowledge I am the owner of the item, or being able to speak on behalf of the owner of the item in question. We, I, did not cause or contribute to the damage listed within. All information provided in this claim and any attached documents are true and correct to the best of my knowledge, and furthermore constitute my complete and entire claim. No relevant or pertinent information has been purposely or knowingly withheld or altered in any way.

X \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_