



Dear Client of The Senior Movers,

We apologize for any inconvenience that may have been caused, found by your necessity to report a claim. We here at The Senior movers attempt to settle all claims in a reasonable, but most importantly, timely manner. The Senior Movers thank you for being a client and appreciate your cooperation in filling out this claim form. Once you have completed this form, please understand it is your responsibility to email to Info@TheSeniorMovers.com.

Once we receive the completed form, a file will be created – then moved onto a member of TSM staff for further review. You will receive a phone call, letter or email within 30 days of TSM acquiring the completed claim form. Please understand that in order to have the matter resolved in a timely manner, it is of paramount importance that you fill out the form completely and have as much information as possible. Once the claim has been acknowledged, it is then under review. Claims are processed in the order they are received.

Please know that we as the packing/ unpacking/ and moving specialists reserve the right to investigate all claims being made. 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, the claim may be void.

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

The Senior Movers “provides one valuation option: Limited liability value. The plan covers furniture and boxes packed/unpacked by Carrier. We suggest you purchase third party insurance to protect your property. By signing this form, you are waiving certain valuable coverage which protects your property above the minimum amounts set by law. 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): carrier cannot control whether proper packing methods of are used, on boxes packed by the owner as well as pressed wood (particle board) furniture, liability is limited - carrier is also not responsible for fragile or brittle items such as glass, china, ornaments etc., where allowed by law. The carrier has to the right to inspect and repair any alleged damage. Carrier is not liable or negligent for any 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 regards to 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 allows for 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	Did you communicate damage to Team Member?

Amount will settle for: ___\$10 ___\$25 ___\$50

* 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 agree to being 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 set forth herein. All statements made in this statement of 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.

X _____

Printed Name _____

Date _____