

RETURN TO:

United Van Lines, LLC
One United Drive
Fenton, MO 63026

Your United Agent

OR

Claim Form

See reverse side for instructions



ORDER FOR SERVICE NUMBER:

Customer Name		Home Telephone		Office Telephone	
New Address	City	State	Zip	Delivery Date	/ /
Old Address	City	State	Zip	Pick-up Date	/ /

WAS SHIPMENT IN WAREHOUSE?

YES NO

DID EMPLOYER PAY FOR MOVE? NO YES EMPLOYED BY _____

WHAT WAS DECLARED VALUE PROTECTION? 60¢/LB. \$1.25/LB. LUMP SUM \$ FULL VALUE PROTECTION

								HOME OFFICE USE ONLY		
1	2	3	4	5	6					
Inventory number	Article weight	Article description	Description of loss / damage	Date of purchase/ Age of item	Cost to replace	Amount claimed	Carton damaged? Yes or No	C/S \$ or R=repair	Expl.	Resp. party
38	40 LBS.	END TABLE	SCRATCHED TOP <i>EXAMPLE</i>	4 YRS	\$275.00	\$50.00	N/A			

I AM THE OWNER OF THE PROPERTY DESCRIBED. 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 BELIEF, AND CONSTITUTE MY COMPLETE AND ENTIRE CLAIM. NO MATERIAL INFORMATION HAS BEEN WITHHELD.
DOT REGULATIONS REQUIRE THAT ANY CLAIM FOR LOSS, DAMAGE OR DELAY MUST BE SUBMITTED IN WRITING BY CLAIMANT AND RECEIVED BY CARRIER WITHIN 9 MONTHS FROM DATE OF DELIVERY.

SIGNATURE OF CLAIMANT X _____ DATE / /

R E M A R K S

