

DMS MOVING SYSTEMS

Name of Claimant _____ Date _____

Present Address _____

City _____ State _____ Zip Code _____

Moved From _____ Telephone _____

Total Value of Entire Shipment _____

When was damage or shortage discovered _____ By whom discovered _____

By whom packed _____ By whom unpacked _____ Date unpacked _____

DETAILS OF CLAIM

Inventory #	Article Complete Description	Nature of Claim	If Packed Was The Carton Damaged	Approx. Weight	Date Purchased	Original Cost	Replace-ment Cost	Amount Claimed

If claim includes missing items, describe when and where last seen in remarks. Also, give name of present occupant of former residence, if unoccupied give name and address of Landlord or Real Estate Broker.

Remarks _____

I solemnly swear that (1) The information on this claim form and in any exhibits is true and complete to the best of my knowledge and belief; (2) No material fact is withheld that should be included; and (3) that this is a complete and accurate statement of all loss and/or damage to be claimed in connection with this shipment.

Signature of Claimant _____

Present Address _____
