

Global Moving Systems, LLC 7664 Fullerton Rd, suite N, Springfield VA 22153 www.globalmovingusa.com
Tel: 800-224-0906 Fax: 800-224-0657 US DOT No.: 2440712 ICC/MC No.: 842103

Claim Must Be Filed Within 30 Days After your Shipment Was Delivered! Please do not discard or repair any damaged items prior to conclusion of claim! Processing time for all claims is at least 30 days. IN SOME CASES MAY BE LONGER.

Instructions for completion of Statement of Claim Form:

- 1. Please complete the claim form carefully using a black ballpoint pen or typewriter. We need all the fields to be filled out, as it is essential to the prompt handling of your claim. If the required information is not completed, this will cause delays in the adjustment of your claim.
- 2. Your claim must be submitted on the claim form provided (do not use plain paper). If you will require additional forms, you may copies of a blank form, or call 800-224-0906 to request additional forms.
- 3. The inventory number column, on the left side of form is the number the Global moving systems employees assigned to each article on the descriptive inventories (for LONG Distance Moves ONLY). For Local Moves leave this column blank.
- 4. In the "Item Name" column, use a short phrase such as: 24"-Zenith Color TV, Hoover Vacuum Cleaner, Maple 4 Drawer Dresser or 8"3-cushion couch.
- 5. In the "Description of Damage" column, give a short, detailed description such as right rear leg broken, porcelain chipped, dresser mirror broken or missing.
 - 6. In the "Aprrox weight in lbs" column, list approximate weight of damaged or missing item.
 - 7. Sign and date completed claim form.

Claim Submission Instructions

Claims must be submitted to the fallowing e-mail address ONLY:

claims@globalmovingusa.com

ATTN: CLAIM FOR MOVE # (WRITE YOUR MOVE #)

REQUIRED ADDITIONAL DOCUMENTS to submit together with the claim form: a good readable copy of the carrier's bill of lading, inventory and/or delivery receipts (if available) and good clear quality picture of the damage and damaged item in full size for each item listed in the claim form.

ACCEPTANCE OF YOUR CLAIM IS GUARANTEED ONLY IF YOU SEND YOUR CLAIM TO THE E-MAIL ADDRESS LISTED ABOVE (DO NOT FAX, MAIL OR EMAIL THE FORM TO YOUR RELOCATION CONSULTANT'S E-MAIL OR ANY OTHER COMPANY E-MAIL, OTHER THEN CLAIMS@GLOBALMOVINGUSA.COM, AND ONLY IF WE RECEIVE YOUR FULLY COMPLETED CLAIM FORM AND REQUIRED ADDITIONAL DOCUMENTS WITHIN 30 DAYS AFTER THE DELIVERY DATE!!!

Please note: if any of the requirements not met, the claim will not be accepted for the review.

It is solely your responsibility to make sure, that your claim documents has been received by our claim department. You can call us at any time at 800-224-0906 with any questions regarding the claim filling procedure or to make sure that your claim documents has been received by our claim department.

Regards,

Customer Service Team

Global Moving Systems



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Claim Form

Customer Information				Shipment Information	ion:
Full Name:				Job/Order Number:	
Address:				Insurance/ValuationInformation: Did you purchase Full Replacement Coverage?	
City/State/Zip:					
Telephone:				YES orNO	
e-mail address:				NOTE: If you did not purchase full replacement	
				be processed at the government mandated min \$0.60 per pound up to \$50.00 per article. Our cl	aims administrators are
Date of Pick-Up		Date of Delivery		required to process all claims in accordance with the limitation of liability valuation and/or insurance coverage option purchased by the consumer.	
	<u>Item</u>	list of	damaged and/or	missing property:	
Inventory Item name			Description of Damage	Approx. weight in lbs.	
28	4 drawer dresser		Drawer face cracked and handle broken		50
				this statement of claim and any atta pelief, and constitute my complete ar	
Customer Signature				Date	
For office use	ONLY:				

Example