

LOSS AND DAMAGE CLAIM FORM



M.K Movers
1071 Kingsland Drive, Batavia, IL 60510
Please Email This Form Only
Claims.MkMovers@gmail.com

1. Customer Information

Full Name: _____ Phone Number: _____
Email Address: _____ Origin Address: _____
Destination Address: _____

2. Move Information

Move Date: _____ Bill of Lading Number (top right of contract): _____
Crew Lead Name (if known): _____ Truck Number: _____

3. Description of Damaged or Lost Items

Item #	Item Description (Sofa, Table, Etc.)	Make / Model (Complete #)	Type & Location (Scratch/Dent, Etc.)	Photo Attached (Yes/No)	Article Age	Estimated Weight	Original Purchase Price	Estimated Value	Amount Claimed
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

4. Supporting Evidence

- **Photos Attached:** ☐ Yes ☐ No
- **Receipts/Proof of Value Attached:** ☐ Yes ☐ No
- **Estimate from Vendor Attached:** ☐ Yes ☐ No
- **Other Documentation (e.g., insurance):** ☐ Yes ☐ No
 - If yes, please specify: _____

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5. Claim Details

- Date Damage or Loss Noticed: _____
- Was Damage Reported to Movers on the Day of the Move? ☐ Yes ☐ No
 - If yes, to whom? _____
 - Did you note this information on the Bill of Lading? ☐ Yes ☐ No
- Who packed your boxes? (MK / Self) _____
- Was shipment detained in storage, either at origin or destination, state where: _____

6. Desired Resolution

- ☐ Repair
- ☐ Replacement
- ☐ Compensation (specify amount): \$ _____
- ☐ Other (please explain): _____

7. Customer Declaration

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

Claimant Signature: _____ **Date:** _____

Section 14904(b)(2) of Title 49 of the United States Code imposed a civil penalty of up to \$2,000 for filing a false claim with a motor carrier.

8. Special Remarks:

PLEASE SEE FOLLOWING PAGE FOR FURTHER ASSISTANCE IN COMPLETING FORM CORRECTLY:

- Do not dispose of items claimed or repair without authorization. Including packing materials.
- All information is required to be filled in below, any incomplete information may delay the claim being settled.
- If claim includes missing items, describe when and where last seen in remarks.
- Time limit for receipt of this form is **90 days** from date of service.
- From receipt of this form, if a vendor is required to come out for an in-person visit you have 30 days for this to take place, or the claim will be denied.
- If you had an interstate move, we unfortunately cannot send someone out to inspect your items. Please provide **several** photos showing any and all damage and type.

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INSTRUCTIONS FOR LOSS AND DAMAGE CLAIM FORM

1. Please read the provisions of the Contract Terms and Conditions on the reverse side of your Bill of Lading or Your Rights and Responsibilities pamphlet provided by email to you. You have 90 days from the date of your move to fill out this documentation or your claim will be denied.
2. No claim will be considered properly presented until M.K Movers has received a completed Presentation of Loss or Damage Claim Form signed by the claimant.
3. Prepare the Presentation of Loss and Damage Claim Form. Please scan a copy to **Claims.MKMovers@gmail.com**
Retain a copy for your records.
4. Please type or use a ballpoint pen when completing the claim form or fill out with a PDF program. **PRINT CLEARLY.**
5. M.K Movers reserves the right to inspect any damaged items within a reasonable time. Do not proceed with repairs or replacement until we have had an opportunity to examine your completed Loss or Damage Claim Form and determine the course of action to follow.
6. Do not discard any damaged item or the shipping carton in which it was transported until after a claim has been filed and the item and shipping carton have been inspected or documented by photo/video.
7. Both before and after inspection, repairs must be authorized in advance by M.K Movers. **Do not proceed with any repair until M.K Movers has authorized the repair.**
8. **M.K Movers retains salvage rights in any item that it has replaced.** Do not discard any damaged item that has been replaced without M.K Movers authorization.
9. All transportation charges must be paid prior to the payment of any amount on a claim.
10. Incomplete information may delay claim settlement. Additional information may be requested in order to process any claim.
11. If the claim is filed under M.K Movers Full Value Protection for an interstate move (moves going outside of Illinois), repairs will be M.K Movers' first option. Any replacement considered will be for items of like kind and quality, per M.K Movers' tariff.
For interstate moves we cannot send someone out to inspect your items so send photos of each item, and the carton it was shipped in. **Notate and document with photos ANY and all damage to either the item or carton.**
12. For interstate moves (moves going outside of Illinois) if you selected a deductible, this amount will be deducted before settlement is made, which may result in no payment.

Specific instructions for the "Details of Claim" section of form:

- **ITEM DESCRIPTION:** Describe each item for which a claim is being made (table, chair, desk, frame, etc.)
 - If missing items are claimed, identify by color, size, pattern. Identify contents of containers as accurately and completely as possible in the remarks section including what item # it matches too.
- **MAKE / MODEL:** Provide full name of manufacturer and complete model number.
- **TYPE / LOCATION:** Indicate what kind of damage was done (scratch, dent, broken glass, etc.) Describe location of damage (lower right corner, bottom of table leg, etc.) Be descriptive as possible.
- **PHOTO ATTACHED:** Enter Yes or No – Reminder, photos are vital for your claim to be approved.
- **ARTICLE AGE:** Indicate how old the item is based on years or months.
- **ESTIMATED WEIGHT:** Enter your best guess on how much the article weighs. Be as accurate as possible.
- **ORIGINAL PURCHASE PRICE:** Enter what you paid for the item.
- **ESTIMATED VALUE:** Enter cost of item for today's market.
- **AMOUNT CLAIMED:** If you are claiming damage, enter only the cost of repair. If claiming missing items, enter their value. If an estimate for repairs has been obtained by you, please enclose a copy and include dollar amount of estimate in this area. On receiving the completed form, a repair vendor may be assigned to contract you for repairs, if needed.

NOTE: PHOTOS SHOULD BE LABELED WITH THE ITEM NUMBER IN THE DESCRIPTION SO WE CAN ASSESS YOUR CLAIM CORRECTLY. YOU MUST RENAME ALL PHOTOS AND NOT LEAVE GENERIC LABELS. [EXAMPLE OF MULTIPLE PHOTOS FOR SAME ITEM: "Item 1 (1), Item 1 (2)]

REMARKS: Any information or comments you may have as to how loss or damage occurred will expedite claim processing. If additional space is required, use additional pages and please include the same information requested above.

Should any additional correspondence on your claim be necessary, please refer to the Bill of Lading number.