PRESENTATION OF LOSS AND DAMAGE CLAIM

MAIL TO: **ARPIN INTERNATIONAL GROUP**
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02818-0998

Phone: (401) 828-8111
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FF-1107
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ARPIN INTERNATIONAL GROUP

Note: Thank you for the confidence you displayed in Arpin International Group by allowing us to participate in your relocation. We sincerely regret the move was not to your complete satisfaction, as it has come to our attention that damage and/or loss was sustained to your household goods during your move. Your prompt return of this claim form, properly completed, will enable us to process your claim promptly.

B/L NO. _____

NAME OF CLAIMANT _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ HOME: _____
TELEPHONE NO.

MOVED FROM _____ OFFICE: _____

DELIVERY ADDRESS (IF DIFFERENT FROM ABOVE): _____

NAME OF SHIPPER (IF DIFFERENT THAN CLAIMANT): _____

State where shipment was temporarily detained in storage (either at origin or at destination). _____

Has notice of loss been forwarded to any agent ❑ Yes ❑ No Name of Agent _____

When was damage or shortage discovered _____ By whom discovered _____

If claim is for breakage or shortage to items packed in containers give following information: _____

* By whom packed _____ By whom unpacked _____ Date unpacked _____

Total Value of Goods Shipped on this Bill of Lading _____ Replacement Cost of Lost/Damaged Goods _____

DETAILS OF CLAIM

A	B	C	D	E	E	E	F	
INVENTORY NUMBER	ARTICLE GIVE COMPLETE DESCRIPTION	NATURE OF CLAIM IF DAMAGE, DESCRIBE EXTENT, ETC.	If Packed Was This Carton Damaged?	APPROX. WEIGHT	DATE PURCHASED	ORIGINAL COST	AMOUNT CLAIMED	ADJUSTERS USE ONLY

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. NOTE: IF CLAIM IS TO BE SETTLED WITH ANOTHER PARTY, SO AUTHORIZE UNDER "REMARKS".

REMARKS:

(Attach additional pages for additional items or remarks)

The undersigned hereby makes a solemn oath to the truth of the statements contained herein and on the exhibits attached hereto, and swears that no material facts have been withheld. The undersigned states this to be a complete and accurate list of all loss and/or damage incurred in connection with the transportation described above and understands that Arpin International Group reserves the right to require a notarized statement on any claim.

_____ Signature of Agents representative if inspection has been made.

_____ (Signature of Claimant)

_____ Arpin International Group Agent

_____ Present Address (If different from above)

_____ City State