

ALERT

THIS CLAIM MAY BE REPORTED TO THE NATIONAL HOUSEHOLD GOODS CLAIM REGISTRY

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BEKINS VAN LINES, LLC
P.O. BOX 2017
LAGRANGE, IL 60525
Phone: 800-7-BEKINS
Fax: (708) 547-2274

BILL OF LADING

STATEMENT OF CLAIM

Please use this form to register a claim for loss or damage to items as a result of *an INTERSTATE* move by Bekins Van Lines, LLC. **Claims for damage/missing must be filed and received within nine (9) months from delivery. Warranty/Delay claims must be filed within 30 days from delivery and may be in letter form with attached receipts for professional lodging & food.**

INSTRUCTIONS

1. Complete ALL information for prompt handling of your claim.
2. Identify all item(s) and type of damage. Include: Inventory Number(s), Weight of Item(s), Original Cost, Date Acquired and Amount Claimed. Failure to provide all information may delay the claim process or result in denial of your claim.
3. For lost items list contents of containers and include evidence of ownership and value.
4. Include copies of your Order for Service, Bill of Lading and Inventories.
5. Sign and date and return to address above.

“DO NOT DISCARD DAMAGED ITEMS OR CRUSHED CARTONS/BOXES. DO NOT PROCEED WITH ANY REPAIRS OR REPLACEMENTS UNTIL THE ADJUSTER MAKES THE NECESSARY DETERMINATION.”

Claimant Name: _____
 Street Address: _____
 City and State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Email Address: _____
 Loading Date: _____ Cartons Packed by: _____
 Delivery Date: _____ Unpacked by: _____
 Storage Dates (If stored) and Storage Location: _____

COVERAGE SELECTED:

\$.60 Pound FOR ALL IT'S WORTH : AMOUNT _____ DEDUCTIBLE AMOUNT _____

INVENTORY NUMBER	DESCRIPTION OF ITEM	DESCRIPTION OF DAMAGE	DID BEKINS PACK THIS ITEM?	WEIGHT	COST	DATE OF PURCHASE	AMOUNT CLAIMED
TOTAL							

By making this claim, the undersigned hereby warrants that he/she is authorized to submit this claim on behalf of the shipper/consignee, and hereby consents to the disclosure of the information provided herein and all other information about the claim to the National Household Goods Claim Registry (“NHGCR”) and to any participating members of the NHGCR.

INFORMATION CONTAINED IN THIS CLAIM IS TRUE AND ACCURATE AND CONSTITUTES MY ENTIRE CLAIM FOR LOSS OR DAMAGE.

SIGNATURE: _____ DATE: _____