



Great Job Moving and Storage

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Great Job Moving and Storage

DOT # 2041911 MC # 717005

Great Job Moving and Storage does not process moving claims before final invoice paid in full or with oral communication! Therefore, you must fill this form and **MAIL or EMAIL IT BACK** to Great Job Moving and Storage. Please include on this form all articles that you claim are either lost or damaged.

_____, _____ (Insert Today's Date) Claim No.: _____ (office Use Only)

Carrier: Great Job Moving and Storage 794m fngus Ctn Ste Fn Springfieldn Vfn mmlT3

Claimant: _____
_____ [claimant's name and address]

This claim for \$ _____ is made against the carrier named above by _____ [claimant's name] for _____ (overcharges or loss or damage) in Connection with the following described goods.

Date of Shipment: _____, _____ Shipper: _____ (Your name)

Point of Origin: _____

Destination: _____

PLEASE SELECT THE LEVEL OF LIABILITY CHOSEN FOR THE DAMAGED ARTICLES (see general agreement):

Basic Liability at \$0.60 per pound of complete article, or no more than \$50 per article - whichever is less. _____

Total loss - must be purchased 2 days prior the move date. _____

Full Value Liability Protection - must be purchased 2 days prior the move date. _____

Statement of Loss or Damage No.of Items: _____

Article name	Loss or Damage	Weight of Article	Present Value	Date Acquired	Original Cost	Amount Claimed

TOTAL amount claimed \$ _____

Remarks:

The foregoing statement of facts is correct.

_____ [Your Signature] _____ [Print your name]

In making this claim, you must be prepared to justify the value you have placed on the lost or damaged articles. Remit any documents which would be required in support of your claim. This form must be signed by the claimant who is the owner of all items claimed to be lost or damaged.

Great Job Moving and Storage Claim
Department Toll Free 844-866-8387| Fax
866-449-6493 Email info@gjmoving.com