



USDOT: 2987953, MC: 016377

VanGuard Moving Express
7224 Lockport Pl, Unit B
Lorton, VA 22079
Tel: 855-877-2727
www.dmvmove.com
info@dmvmove.com

CLAIM FORM AND WORKSHEET

The claim must be submitted within 14 days following the delivery of your shipment. Please refrain from disposing of or repairing any damaged items until the claim process is completed. Processing time for all claims is a minimum of 30 to 60 days, with the possibility of extended durations in certain instances.

How to file a claim:

1. Brief typed letter outlining your claim and describing any grievances.
2. Completed Claim Form and Worksheet. Attach any receipts, proof of value, appraisals, and/or repairman's estimates.
3. A copy of the Uniform Household Goods Bill of Lading (contract) from your move. If available, please supply the copy signed at the time of delivery.
4. A copy of your Household Goods Descriptive Inventory (for Long Distance/Out of State Moves ONLY). If available, please supply the copy signed at the time your shipment was delivered. For local (intrastate) moves an inventory may not have been prepared.
5. Pictures should clearly convey the extent of the damage as well as its location on the item claimed. Provide a distance shot of the entire item with the damage visible. If necessary provide a close up picture showing the extent and nature of the damage. Please use some indicator of relative size such as a coin or a ruler. Please identify each picture and what is depicted. Unidentified pictures may delay processing of your claim. If you are submitting photographs, please, document your name and the item being depicted on the back.

Instructions for filling out the 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. The inventory number column: Provide the item number from your Household Goods Descriptive Inventory sheet associated with the claimed Item. Each article is assigned with colored tag. (Long Distance Moves Only). For Local Moves leave this column blank.
3. In the "Item Name" column, use a short phrase such as: Maple 6 Drawer Dresser, 3 Seater Leather Sofa, 55" Flat Screen TV or Dish Pack Box.
4. In the "Description of Damage" column, give a short, detailed description such as right rear leg broken, porcelain chipped, dresser mirror broken or missing.
5. In the "Approx weight in lbs" column, list approximate weight of damaged or missing item.
6. Sign and date completed claim form.

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

rudy@dmvmove.com (Rudy Martinez, Operations Manager)

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

IMPORTANT:

Subject to Section 3 of the Contract (Terms and conditions of the Bill of Lading) Shipper (Customer) releases VanGuard Moving Express, LLC of all responsibility for any accounts, bills, currency, deeds, evidence of debt, money notes, securities, jewelry, watches, precious stones, ammunition, guns and etc. unless items have been declared to VanGuard Moving Express, LLC prior to moving or shipment.

Please Note: If Full Value Protection was purchased, VanGuard Moving Express is liable for no more than the actual cash value of damaged goods in your shipment, including larger furniture and carrier-packed boxes, minus the selected deductible. Submission of a claim is not a guarantee of claim acceptance or approval of a settlement. No claim settlement can be made until all work orders have been paid. Please see the Terms and Conditions for your specific move type for applicable timeframes to file a claim.



USDOT: 2987953, MC: 016377

VanGuard Moving Express
 7224 Lockport Pl, Unit B
 Lorton, VA 22079
 Tel: 855-877-2727
 www.dmvmove.com
 info@dmvmove.com

CLAIM FORM

***** PLEASE ENSURE THAT YOUR TYPING OR PRINTING IS CLEAR AND LEGIBLE *****

Customer Information:

Full Name:	
Address:	
City/State/Zip:	
Phone:	
Email:	
Date of Pick-Up	Date of Delivery

Shipment Information:

Job/Order Number:
Insurance/Valuation Information: Did you purchase Full Value Replacement Insurance? _____ Yes or _____ No
<i>Note: If you didn't purchase full value replacement coverage your claim will be processed at the government mandated minimum level of liability of \$0.60 per pound up to \$50 per article.</i>

List of damaged/lost property:

Inventory Item No.	Item Name and Money Value	Description of Damage	Weight (lbs)

I am the owner of the property described. All statements made in this statement of claim and any attached documents are true and correct to the best of my knowledge and belief, and constitute my complete and entire claim.

_____ **Customer Signature**

_____ **Date**