HUMBOLDT

Main Office:
100 New Boston Drive
Canton, MA 02021

PRESENTATION OF CLAIM FOR LOSS AND DAMAGE

INSTRUCTIONS TO CLAIMANT

1. Print or type full particulars to the best of your knowledge.
2. Any articles found damaged must be kept available for inspection (including containers).
3. Contact Humboldt International if you need assistance in completing your claim form.
4. In describing articles give as much information as possible such as color, kind of material, model numbers, trade/name, manufacturer, etc.
5. Complete all spaces thoroughly to avoid unnecessary delay in concluding your claim.

PLEASE INSERT YOUR CARRIER REF. NUMBER AND REFER TO IT IN ANY CORRESPONDENCE		

Customer Name	Home Telephone	Office Telephone

New Address	City	State	Zip	Delivery Date
				/ /

Old Address	City	State	Zip	Pick-up Date
				/ /

WAS SHIPMENT IN WAREHOUSE? NO ☐ YES ☐

DID EMPLOYER PAY FOR MOVE? NO ☐ YES ☐ EMPLOYED BY _____

WHAT WAS DECLARED VALUE PROTECTION? 60¢/LB. ☐ $1.25/LB ☐ LUMP SUM $ _____ ☐ FULL VALUE PROTECTION ☐

TAG/INV. NO.	ITEM Describe the item fully, including brand name, model & size.	LOSS OR DAMAGE List the nature and extent of damage. If missing, state MISSING	ORIGINAL COST	MM/YY PURCHASED	AMT CLAIMED* a. Repair Cost b. Replace Cost (SEE NOTE)	FOR HOME OFFICE USE ONLY AGENT	C/S	REPAIRS
				TOTAL				

***NOTE: Arrangements will be made to inspect the claimed item(s) as needed. If repairs are required enter the reasonable estimate of the cost of repairs.**

I AM THE OWNER OF THE PROPERTY DESCRIBED. I DID NOT CAUSE OR CONTRIBUTE TO THE DAMAGE SET FORTH HEREIN. 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. NO MATERIAL INFORMATION WAS BEEN WITHHELD.
TIME LIMITATIONS APPLY. PLEASE REVIEW THE ATTACHED INFORMATION.

SIGNATURE OF CLAIMANT X _____ **DATE** / /

REMARKS