

CLAIM FORM FOR LOSS AND DAMAGE

RETURN FORM TO:

**INTERNATIONAL LOSS ADJUSTING, INC.
P.O. BOX 512; 115 JEROME STREET; MIDLAND, MI 48640
PHONE: (989) 631-5111 FAX: (989) 631-0003**

(PLEASE TYPE OR PRINT CLEARLY AND ENCLOSE A COPY OF YOUR INVENTORY PAPERS)

Name:			New Address:		
Employee Number:			Previous Address:		
Current Work Phone Number:			Current Home Phone Number		
E-mail Address:			Fax Number:		
Moving Company:			Carriers Reference Number/ Move Number:		
Date of Delivery:			Were Goods in Storage: (if yes, please circle one) PERMANENT TEMPORARY		
INVENTORY NUMBER	ARTICLE	DESCRIPTION OF DAMAGES	AGE	ORIGINAL COST	REPLACEMENT - REPAIR COST

I AM THE OWNER OF THE PROPERTY DESCRIBED ABOVE. TO THE BEST OF MY KNOWLEDGE, ALL DAMAGE IS TRANSIT RELATED.

SIGNATURE _____ **DATE** _____