NAME OF CARRIER ALS VAN LINES INC. PHONE 404-629-0223

MAILING ADDRESS 6025 LaGrange Boulevard FAX 404-346-0974

CITY AND STATE Atlanta, GA 30336

SECTION 11904 (a) (2) OF Title 49 of the United States Code makes it a crime subject to a fine of up to $5,000.00 and imprisonment for up to two years to knowingly and willfully file a false claim with a motor carrier

PRESENTATION OF LOSS AND DAMAGE CLAIM

Claimant's Name _____ _____ Claimant's Address _____
Carrier's Order Number Zip Code

Moved From _____ Moved To _____ Date _____
(City & State) (City & State)

Was the loss and/or damage for which you are now filing claim noted on shipping papers at time of delivery? € Yes € No If no, please state why not.

_____

DETAILS OF CLAIM

Please give full particulars to the best of your knowledge. In describing articles, give as much information as possible, such as : color, finish, kind of material, pattern, design, model number, serial number, trade name, manufacturer's name, etc.

Do not dispose of damaged items until claim is settled.

Invoice Number	Article	Estimated Weight	Description of Damage	Purchased from Whom	Date Purchased	Purchase Price	Amount Claimed	Home Office Use Only		
								P	CODE	

The foregoing statement of facts is hereby certified as correct Total Claim _____

Date _____ Claimant's Phone (_____) _____ _____

Signature of Claimant _____