

**To Whom It May Concern:**

Attached you will find the Statement of Claim and Instruction Sheet. Please see below for instructions on how to fill out the claim form.

Upon receipt of your completed claim form, we will schedule any inspections or repairs if needed.

On behalf of Arpin Van Lines, we sincerely regret any inconvenience you have experienced and will process your claim as quickly as possible.

**Instructions for Completing Statement of Claim**

1. Please fill in information to the best of your knowledge.
2. Article – Please give a complete and accurate description of the item damaged or presumed missing.
3. Description of Damage or Loss – Give a complete description of extent of the damage to the item. Include the location of the damage as well.
4. Age or Date Purchased – Either give us the approximate age of the item and/or purchase date of the item. If item is a family heirloom, list inheritor if known.
5. Original Cost – Please provide the approximate amount you paid for the item.
6. Replacement Cost Today – Enter today's cost of replacing the item of like kind and quantity.
7. Repair or Amount Claimed – List the amount you are requesting for full settlement if the item cannot be repaired.
8. Keep all damaged items and shipping boxes. These items should be made available for inspection.
9. Do not remove inventory stickers from damaged items.
10. Claims for missing items will require a tracer and investigation. You will be notified of the results.  
If negative, you may be asked to submit further documents to process your claim.
11. Any support information you can give should be firmly attached to the claim form and mailed back.
12. If we replace an item that is lost or damaged, we maintain salvage rights on the item and will make arrangements to remove it within 30 days of settlement.
13. Please sign, date and fax the claim form after thorough completion.
14. Arpin Van Lines, PO Box 1302, East Greenwich, RI 02818  
Tel. (800) 343-3500 ext. 481 Fax (401) 828-8240.



# Statement of Claim

Email address:

Customer:		
Address:		
City	State	Zip
Home Tel.	Cell Tel.	

Old Address:		
City	State	Zip
Cell Tel.	Work Tel.	
Pickup Date	Delivery Date	

**Instructions to Claimant**

Review the Arpin instruction filling out the following info Print or type the full particulars best of your knowledge.

**Mailing address:**  
**PO Box 1302**  
**East Greenwich, RI 02818**  
**Fax number 401-828-8240**

Registration Number

What was Declared Value Protection?

.60 per pound	Full Replacement
Released Value	Deductible \$

Was shipment in a warehouse? \_\_\_\_\_

If Yes, where? \_\_\_\_\_

Did employer pay for the move? \_\_\_\_\_

Employed by: \_\_\_\_\_

Claim Number

**Office Use Only**

Inventory Number	Article	Description of Damages or Loss	Estimated Weight	Age or Date Purchased	Original Cost	Replacement Today	Estimated cost to Repair (Amt claimed)	Cash Out	Repair	Article Wt. .60/lb

I am aware of the property described. I did not cause or contribute to the damage set forth herein. All statements of claim and any attached documents are true and correct to the best of my knowledge and belief and constitute my entire claim. No material information has been withheld. DOT regulations require that any claim for loss, damage or delay must be submitted within 90 days from date of delivery.

**Total Amt. Claimed**

SUBTOTAL

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_

Adjusted by \_\_\_\_\_ Date \_\_\_\_\_

(-) Deductible

**TOTAL**

(+) Unearned Freight

**TOTAL**

**\* EXPLANATION OF CODES**

A-No evidence of carrier liability	E-Not tendered to carrier	I-Claimed amt excessive or not substantiated	M-Item not available for inspection
B-Damage pre-existing	F-Maximum carrier liability (reasonable weight)	J-No reasonable notification	N-Reasonable amt to repair/replace per local repair service/national retail outlet
C-Limited/Part pre-existing	G-Mechanical malfunction	K-Exception rider enclosed	O-Carrier not responsible for improper packing or unpacking
D-Concealed damage	H-Depreciated allowance	L-No evidence of tampering; listed carton delivered in sealed condition	P-Other



is before  
information.  
ars to the

Code  
(See Below\*)

