PRESENTATION OF CLAIM FOR LOSS AND DAMAGE

Please keep top copy and mail remaining to
Golden North Van Lines

GOLDEN NORTH VAN LINES, INC.
(907) 349-3511
(800) 478-4685
(907) 349-7938 Fax
P.O. Box 90176 · Anchorage, AK 99509-0176

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 ☐

EMPLOYED BY _____

DID EMPLOYER PAY FOR MOVE? NO ☐ YES ☐

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). ICC regulations require a specified or determinable amount must be provided for each item claimed. 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 HAS BEEN WITHHELD.
ICC REGULATIONS REQUIRE THAT ANY CLAIM FOR LOSS, DAMAGE OR DELAY MUST BE SUBMITTED IN WRITING BY CLAIMANT AND RECEIVED BY CARRIER WITHIN 75 DAYS FROM DATE OF DELIVERY.

SIGNATURE OF CLAIMANT X _____ DATE ____/____/____

REMARKS _____