

PLEASE RETURN FORM TO

Munden's Moving Ltd.
45 Lovett Lake Court
Halifax, NS B3S 1B8

Phone: (902) 450-1323
 Fax: (902) 450-1335

STATEMENT OF CLAIM

This form is applicable for shipments transported under authority of Munden's Moving Bill of Lading

INSTRUCTIONS TO CUSTOMER: THERE IS A 30 DAY TIME LIMIT

1. No carrier is liable for loss, damage or delay to any goods unless the statement of claim is received by the carrier within "30 days" from date of delivery.
2. If DAMAGE claim - **do not proceed** with repairs, replacement or disposal as carrier reserves the right to inspect all items and to appoint repair firm(s) if required.
3. If LOSS claim -- describe item(s) in detail, where and when last seen. Give name of present occupant of former residence or name/phone number of landlord/real estate broker.
4. Attach copies of original receipts, appraisals where possible. If additional space required, attach separate sheet to claim for.
5. Munden's Moving Ltd. retains salvage rights.
6. Munden's Moving Ltd. reserves the right to require notarized statements or affidavit. BILL OF LADING CHARGES MUST BE PAID IN FULL PRIOR TO CLAIM SETTLEMENT.

NAME:			NAME:					
PRESENT ADDRESS:			ORIGIN ADDRESS:					
CITY:	PROVINCE:	POSTAL CODE:	CITY:					
HOME TEL:	EMAIL:		PROVINCE:	VALUATION:				
BUS.TEL:	FAX:		DATE LOADED:	DATE DELIVERED:				
						OFFICE USE ONLY		
	ARTICLE	DAMAGE DESCRIPTION or indicate if missing		WEIGHT OF ARTICLE	AGE OF ARTICLE	PURCHASE PRICE	AMOUNT CLAIMED	Adjusters Column
1								
2								
3								
4								
5								

NOTE: MUST DATE & SIGN

DATE: _____

CUSTOMERS SIGNATURE: _____

(PLEASE SIGN HERE)

I solemnly swear that the information on this claim form and in my exhibit(s) is true and complete to the best of my knowledge and belief. No material fact is withheld that should be included and this is a complete and accurate statement of all loss and/or damage to be claimed in connection with this shipment. Failure to sign will cause return of form for signature.

OFFICE USE ONLY