



Best Movers Falls Church LLC
1 (800) 962 – 3660
yourmove@bbestmovers.com
www.bbestmovers.com

Claim Form and Worksheet

Disclaimer: This claim form can only be submitted within 48 hours of your move. If you have already signed the contract portion that states *“I have inspected my goods and premises, including but not limited to elevators, floors, and stairwells. There are no damages except as noted. The cab and the back of the truck are empty, and the job is complete”* this means that the claim will not be processed by the insurance.

Please provide the following with your claim:

1. Brief typed letter outlining your claim and describing any grievances.
2. Completed *Claim Form and Worksheet*.
3. Pictures should clearly convey the extent of the damage as well as its location on the item claimed. Provide a distance shot of the entire item with the damage visible. If necessary, provide a close-up picture showing the extent and nature of the damage. Please identify each picture and what is depicted. Unidentified pictures may delay processing of your claim. If you are submitting photographs, please document your name and the item being depicted on the back.
4. Receipt proof of purchase for claimed items or a link to the item online for comparison.
5. Manufacturer, model information and year purchased.
6. You must declare the value you are seeking to recover for each item claimed.

Please complete the following and include with your claim packet:

**indicates required field*

Customer Information:

Name on Bill of Lading/Contract*: _____ Phone*: (_____) _____ – _____

Alternate Phone: (_____) _____ – _____ Email: _____

Current Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Date of the move: _____ 20_____

Please describe the conditions under which the item(s) is presumed to be damaged:



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Claimant Name: _____

Request # _____

Inventory Number*: _____	Item Being Claimed: _____			
Description of Damage: _____				
_____ Dollar Amount Claimed**:				
Year Purchased: _____	Who Packed This Item: Moving Company	Claimant or Shipper	Picture Included: Yes	No

Inventory Number*: _____	Item Being Claimed: _____			
Description of Damage: _____				
_____ Dollar Amount Claimed**:				
Year Purchased: _____	Who Packed This Item: Moving Company	Claimant or Shipper	Picture Included: Yes	No

Inventory Number*: _____	Item Being Claimed: _____			
Description of Damage: _____				
_____ Dollar Amount Claimed**:				
Year Purchased: _____	Who Packed This Item: Moving Company	Claimant or Shipper	Picture Included: Yes	No

Inventory Number*: _____	Item Being Claimed: _____			
Description of Damage: _____				
_____ Dollar Amount Claimed**:				
Year Purchased: _____	Who Packed This Item: Moving Company	Claimant or Shipper	Picture Included: Yes	No