

Americas Movers Inc.
3931 Sw 47th Ave, Fort Lauderdale, Fl 33314
TEL. 888-570-0918

1. CLAIM FORM

Dear Customer:

Thank you for allowing us to participate in your relocation. We sincerely regret that your move was not to you complete satisfaction. Please read the instruction form carefully before filling out any forms.

Date of Claim: _____

Name of Claimant: _____

Reference / Job # _____

Company/ Movers who picked up: _____

Telephone; Home: _____

Work: _____

Cell: _____

Mailing Address: _____

STREET ADDRESS

APT #

CITY

STATE

ZIP CODE

Moved from: _____

City

State

Moved to: _____

City

State

Date of Pick-Up: ___/___/___ Date of Delivery: ___/___/___ Date of Discovery: ___/___/___

Have you taken up any additional insurance; Yes / No If yes, insurance taken with: _____

Total value of goods shipped on Bill Lading (Total amount paid to mover) \$: _____

Please verify that all of he following forms and documents are submitted:

- Instructions Form.
- Claim Form
- Detailed Statement Form
- Copy of the Bill of Lading
- Copy of the Inventory List.
- Copy of Purchase receipts
- Clear photographs of damages
- *3 written estimates (for repairs only)

Please be advised that all of the above forms are needed in order to proceed with your claim. Forms or document using will result in a delay handling your claim until all forms are submitted.

SWORN TO ME BEFORE THIS

____ DAY OF _____, 20 ____

SIGNATURE OF CLAIMANT

NOTARY PUBLIC (please sign and stamp)

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2. INSTRUCTION FOR FILING CLAIMS

- 1) Please complete form in pen. Print all information clearly and legibly. Form must be clearly handwritten or typed. Forms not printed clearly will be returned to sender.
- 2) Please complete ALL blanks or indicate, "NOT APPLICABLE". Forms not completed will be returned to sender. In page 3, please indicate the following:
- a. **Inventory Number** - This is for a move with Americas Movers Inc. or any job where the mover prepared an Inventory List. You must provide the corresponding number for each item claimed lost or damaged. This number may be found on your Descriptive Household Goods Inventory List to the left of each item listed. Please provide a copy of the Inventory List and a copy of the Bill of Lading.
 - b. **Indicate color, type of material and type of lost or damaged items** — i.e. "Black Leather Sofa" or "White Formica Dresser". For electronic or mechanical items you must provide the manufacturers name, model, number and serial number.
 - c. **Describe Damage or Loss** - For missing or lost items indicate, "missing" if missing a box please indicate sticker color and a lot number, i.e. "Lot # AA1234 and Sticker color: GREEN. For damaged items, describe damages clearly: i.e. "Wall unit chipped on front door and handle missing". Also, please provide pictures of damaged items and provide receipts of all items missing or lost. Please be advised that chips, scratches and dents are not covered by your insurance.
 - d. Indicate "**CP**" if item was packed or wrapped by movers. Indicate "**PBO**" if item was packed or wrapped by you. If item was not packed or wrapped by you, **please be advised that pursuant to US DOT & ICC/FHA regulations your mover is NOT RESPONSIBLE for items lost, missing or damaged that were "PBO" (Packed by Owner) and/or not packed or inspected by the carrier/mover.**
 - e. **Weight of Item** — you must provide the approximate weight of each item claimed. Your claim cannot be reviewed or settled without this information. For broken items, please note that your insurance only covers the items specifically broken. For example, if the leg on your dining room table has been broken, please -indicate the approximate weight of the leg and the leg alone, not the whole table. Your insurance only covers the leg for the table at the amount of 60 cents per pound per article; i.e. if the leg weighs 10 lbs., then you are covered for that weight only and not for the weight of the whole table.
 - f. **Original Purchase Date and Cost** - You must provide the original date of purchase (Month & Year) and purchase cost for each item claimed. Please complete this even if you have been asked to supply copies of the purchase receipts.
 - g. **Amount Claimed Now** — This is the amount you are claiming for each item in accordance with the valuation coverage you chose. For customers with 60 cents per pound, the amount that is claimed for missing and/or damaged items must be the weight of the item times the rate per pound. If the item is irreplaceable and can only be repaired, please provide 3 written estimates for repair. For mirror or glass claims, indicate cost of replacement only. For missing items, which are a total loss, indicate the depreciated value.
- 3.) Photographs and original documents submitted with claims cannot be returned and become part of our files.
- 4.) Please keep a copy for your records of all pages from your claim forms and any other documents sent.
- 5.) Return the completed claim forms and attached documents to the office listed below via mail only (attn: Claims Department) Faxes will not be admissible. **ALL FORMS MUST BE NOTARIZED.**

Have read and understand the above instruction and will comply with their directions to the best of my Knowledge und ability

SIGNATURE OF CLAIMANT

SWORN TO ME BEFORE THIS

____ DAY OF _____, 20__

NOTARY PUBLIC (please sign and stamp)

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3. DETAILED STATEMENT FORM.

**** FALSE OR FRAUDULENT CLAIMS! ****

Any person who knowingly and with intent to defraud any insurance company or other person, files a statement of claim containing any materially false or misleading information or conceals for the purpose of misleading information concerning any fact material thereto is committing a **CRIME** under the Fraudulent Insurance Act.

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED LOST IS DETERMINED

A	B	C	D	E	F-1	F-2	G

Total Amount Claimed: _____

- A.) Inventory Number (from Inventory List)
- B.) Item Description.
- C.) Describe damage /loss.
- D.) Packed by (CP or PBO).
- E.) Weight.
- F-1) Purchase date.
- F-2) Purchase cost.
- G.) Amount Claimed.

The signer of the foregoing statement, hereby makes a sworn statement as to the truth and accuracy of the within claim.
IN NO WAY DOES THIS DOCUMENT CONSTRUE GUILT OR CONFER RESPONSIBILITY ON THE MOVER/CARRIER TO SETTLE OR REIMBURSE UNTIL THE PROPER INVESTIGATION HAS BEEN MADE.

_____,20_____
 Signature of Claimant

SWORN TO ME BEFORE THIS
 _____ THIS DAY OF

NOTARY PUBLIC (please sign and stamp)