PRESENTATION OF LOSS & DAMAGE CLAIM FORM

CLAIMANT & SHIPPER NAME IF DIFFERENT				HOME PHONE NUMBER
PRESENT ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE NUMBER - EXT
MOVE FROM (ORIGIN ADDRESS)	CITY	STATE	ZIP	LOADING DATE
MOVED TO (DESTINATION ADDRESS	CITY	STATE	ZIP	DELIVERY DATE

WAS THE AMOUNT OF DECLARED VALUE PROTECTION RELEASED AT

60 CENTS	$1.25LB	ECP OPT	$ LB	LUMP SUM $

INVENTORY ITEM NUM.	DESCRIPTION OF ARTICLE	MISSING OR DAMAGED	WEIGHT OF ARTICLE	WHERE AND WHEN PURCHASED	ORIGINAL COST	COST TO REPLACE	AMOUNT CLAIMED

CLAIMANT SIGNATURE	DATE COMPLETED	THE ABOVE CONSTITUES MY COMPLETE CLAIM	TOTAL CLAIMED
		$	$

MODESTO TRANSFER & STORAGE 616 WINMOORE WAY MODESTO, CA 95358 FAX 209-531-2752