

|                     |   |                |        |          |                                |          |          |
|---------------------|---|----------------|--------|----------|--------------------------------|----------|----------|
| LOAD DATE           | DELIVERY DATE   | ORIGIN ADDRESS |        |          | <b>FOR ADJUSTER'S USE ONLY</b> |          |          |
|                     |   |                |        |          | CLAIM#                         |          |          |
| CARRIER REFERENCE # | TYPE (Mark One)   |                | WEIGHT | COVERAGE | D. CODE                        | N/D CODE | CLIENT # |
|                     | <input type="checkbox"/> C.O.D <input type="checkbox"/> CORP <input type="checkbox"/> GOVT. <input type="checkbox"/> MILITARY |                |        |          |                                |          |          |

NAME ADDRESS

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NAME – ADDRESS OF MOVING COMPANY

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**STATEMENT OF CLAIM**

| SEE BACK OF YOUR COPY FOR INSTRUCTIONS<br>PLEASE COMPLETE SECTION BELOW – TYPE, OR PRINT WITH A BALL POINT PEN ON HARD SURFACE   |                            |  |                |                    |      |                | FOR ADJUSTER'S USE ONLY |
|--|----------------------------|--|----------------|--------------------|------|----------------|-------------------------|
| Inventory Item #   | ARTICLE Describe in Detail | NATURE OF CLAIM If Damage, Describe Extent | Approx. Weight | Purchased Mo – Yr. | COST | AMOUNT CLAIMED |                         |
|  |                            |  |                |                    |      |                |                         |
|  |                            |  |                |                    |      |                |                         |
|  |                            |  |                |                    |      |                |                         |
|  |                            |  |                |                    |      |                |                         |
|  |                            |  |                |                    |      |                |                         |
| <b>It is understood that losses from an interstate shipment may be reported to the F.B.I which has investigative jurisdiction under Federal Laws regarding interstate or Foreign Commerce.</b> |                            |  |                |                    |      |                |                         |
| <b>TOTAL</b>   |                            |  |                |                    |      |                |                         |

I am the owner of the property described. I did not cause or contribute to the damage set forth herein.  
 The actual cash value of my shipment was \$ \_\_\_\_\_

**FRAUD WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information materially related to a claim is provided by the claimant.

**NY** -Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I certify that I have read and agree to all fraud warnings contained in this form and that all statements made in this statement of claim, and any attached documents are true and correct to the best of my knowledge and belief. No material information has been withheld.

\_\_\_\_\_ CUSTOMER'S SIGNATURE      \_\_\_\_\_ DATE      \_\_\_\_\_ HOME PHONE NO.      \_\_\_\_\_ BUSINESS PHONE NO.

\_\_\_\_\_ CUSTOMER'S PRINTED NAME      \_\_\_\_\_ CUSTOMER E-MAIL ADDRESS



**1-800-474-2526**  
 Email: [claims.reporting@transguard.com](mailto:claims.reporting@transguard.com)

**INSTRUCTIONS:**

1. Complete front of claim form in full. **HELP US TO HELP YOU** – By returning the statement of claim, completed and signed, as soon as possible, to the moving and storage company that provided the service.
2. Claims must be submitted in writing within ninety days of the day of delivery (9 months in the case of interstate claims). No claim will be considered registered until the carrier or its claims representative has received a completed "Statement of Claim" signed by the customer. Carrier or its claim representative reserves the right to require a sworn statement of claim as a condition precedent to claim settlement. Carrier or its claim representative reserves the right of inspection of item claimed within a reasonable time. Do not proceed with repairs or replacement until we have had an opportunity to examine your completed statement of claim and determine the course of action necessary.
3. Please read the provisions of your insurance certificate (if any) and/or contract terms and conditions on the reverses side of your order for service, bill of lading and checklist.
4. In the absence of external damage or other proof, the carrier is not liable for mechanical or electrical malfunction of washers, dryers, refrigerators, freezers, television sets, hi-fi set, radios, phonographs, etc. These devices often fail for reasons other than transportation, or from normal vibration incident to transportation. Proper servicing before and after shipping is the customer's responsibility, except for shipments moving under a United States Government bill of lading where servicing is included in the transportation rate. Until or unless carrier acknowledges liability, service calls to inspect or repair said defects are at the risk and expense of the customer.
5. Loss claims for individual packed items, when all containers are receipted for, will not be honored in the absence of other evidence of loss. Loss claims not confirmed by the delivery receipt will not be honored by the carrier. Confirmed losses will be traced by the carrier. Tracing procedures often take up to ninety days from the time the carrier receives an adequate description of the missing item from the customer.
6. **ACTUAL CASH VALUE OF ENTIRE SHIPMENT** – Estimate to the best of your ability the cash value of your entire shipment at the time it moved. Consider the present day replacement cost less depreciation.

**FRAUD WARNING**

- AK** - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
- AZ** – For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- AR & LA** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- CA** – For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- CO** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of Insurance.
- DE** – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- DC** – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- FL** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- ID** – Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
- IN** – A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
- KY** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- ME, TN & VA** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- MN** – A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NH** – Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
- NJ** - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

- NM** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
- NY** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- OH** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- OK** - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- PA** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- TX** - Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- WA** - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.