STATEMENT OF CLAIM

FULL NAME

CURRENT ADDRESS

RESIDENCE TELEPHONE

ADDRESS

BUSINESS TELEPHONE

CITY, ZIP CODE

MOBILE NUMBER

STATE/COUNTRY

EMAIL ADDRESS

DATE OF DELIVERY

DATE OF PACKING

Please do not repair or discard any damaged items without authorization. Surveys are not authorized except for cases of extreme damage or severe water damage. Should you have any questions, please contact our office.

PACKING LIST INVENTORY NUMBER	ARTICLE	DESCRIPTION OF DAMAGE	INSURED VALUE (as declared on insurance application)	**AMOUNT OF CLAIM (office use only)**	**ACTION TAKEN (office use only)**

I certify that the claim presented is correct and truthful and that no material information has been omitted.

SIGNATURE

DATE

TOTAL CLAIM US$

REV 4, 7/24/08

Please return form to:
Champion International Moving, Ltd.
One Champion Way * Canonsburg, PA 15317-5824 * Tel: 724.873.8000 * Fax: 724.873.8008 * Tel: 800.841.1010
claims@champmove.com