



#203 – 669 Ridley Place
Delta, B.C.
V3M 6Y9
PH (604) 540-6683
FAX (604) 540-6640

CLAIM FORM

PLEASE READ CAREFULLY

List the damaged or missing items by the tag number as listed on your Inventory Form(s). Provide a description of the damage(s) or the missing item(s). Attach or enclose copies of this Claim Form, the Bill of Lading, and the Inventory Form(s). Please submit all documentation to (Attention: Claims Department) by mail to the above address or fax to (604) 540-6640.

Claims must be filed as soon as your move is complete. Our Claims Department will contact you within 30 days of receiving your documents.

Tag #	Description of Article

CONTACT INFORMATION

Customer Name: _____

Registration Number: _____

Mailing Address: _____

Telephone Number: _____

Fax Number: _____