

# Standard Proof of Loss and Damage Claims Under Uniform Household Goods Bill of Lading



**Claimant Information:**

First and Last Name			Date Filing Claim
Mailing Address			
Phone Number		Cell Phone	Email Address

For \_\_\_\_\_ in connection with shipments herein described:

Description of shipment: \_\_\_\_\_

Name and Address of Shipment: \_\_\_\_\_

Name and Address of Delivery: \_\_\_\_\_

If claim is for breakage or shortage to items packed in containers give following information:

By whom packed: \_\_\_\_\_

By whom unpacked: \_\_\_\_\_

Date unpacked: \_\_\_\_\_

When was damage or shortage discovered: \_\_\_\_\_

By whom discovered: \_\_\_\_\_

Name of your insurance company effecting coverage or property transported:

\_\_\_\_\_

Detailed Statement Showing How Amount of Claim is Determined:

Description of Items	Total Weight	Acquired Date	Original Value	Total Claim Value \$.60/lb

The following documentation is submitted in support of claim:

1. \_\_\_\_\_
2. \_\_\_\_\_

The undersigned signer of the foregoing statement, here by makes a solemn of the truth of the statements contained herein and exhibits attached hereto

\_\_\_\_\_  
Signature of Claimant

**Mail or Fax Claim to:**

Three Brothers Moving and Storage, Inc.  
Po Box 53, Cabin John MD 20817  
301-469-6411 phone                      301-469-6377 fax