



RETURN TO:

Mayflower Transit, LLC
P.O. Box 26150
Fenton, MO 63026-1350

OR

Your Mayflower Agent

Claim Form

See reverse side for instructions

ORDER FOR SERVICE NUMBER:

Customer Name		Home Telephone		Office Telephone		E-Mail Address	
New Address	City	State	Zip	Delivery Date		WAS SHIPMENT IN WAREHOUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Old Address	City	State	Zip	Pick-up Date			

DID EMPLOYER PAY FOR MOVE? NO YES EMPLOYED BY _____

WHAT WAS DECLARED VALUE PROTECTION? 60¢/LB. \$1.25/LB. FULL VALUE PROTECTION

								HOME OFFICE USE ONLY		
1	2	3	4	5	6			C/S \$ or R=repair	Expl.	Resp. party
Inventory number	Article weight	Article description	Description of loss / damage	Date of purchase/ Age of item	Cost to replace	Amount claimed	Carton damaged? Yes or No			
38	40 LBS.	END TABLE	SCRATCHED TOP <i>EXAMPLE</i>	4 YRS	\$275.00	\$50.00	N/A			

I AM THE OWNER OF THE PROPERTY DESCRIBED. I DID NOT CAUSE OR CONTRIBUTE TO THE DAMAGE SET FORTH HEREIN. ALL STATEMENTS MADE IN THIS STATEMENT OF CLAIM AND ANY ATTACHED DOCUMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND CONSTITUTE MY COMPLETE AND ENTIRE CLAIM. NO MATERIAL INFORMATION HAS BEEN WITHHELD. DOT REGULATIONS REQUIRE THAT ANY CLAIM FOR LOSS, DAMAGE OR DELAY MUST BE SUBMITTED IN WRITING BY CLAIMANT AND RECEIVED BY CARRIER WITHIN 9 MONTHS FROM DATE OF DELIVERY. SEE GENERAL INSTRUCTIONS ON REVERSE SIDE FOR ADDITIONAL INFORMATION.

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SIGNATURE OF CLAIMANT X _____ DATE / /

