



STATEMENT OF CLAIM

BAY 10 - 7896 49 AVENUE
 RED DEER, ALBERTA T4P 2K2
 PH: 403-347-1955
 FAX: 403-347-1961
 EMAIL: amjrd@amjcampbell.com

INSTRUCTIONS TO CUSTOMER:

1. No carrier is liable for loss, damage or delay to any goods unless the statement of claim is received by the carrier within 30 days from date of delivery.
2. If **DAMAGE** claim - **do not** proceed with repairs, replacement or disposal as carrier reserves the right to inspect all items and to appoint repair firm(s) if required.
3. If **LOSS** claim - describe item(s) in detail, where and when last seen. Give name of present occupant of former residence or name/phone number of Landlord/Real Estate Broker.
4. Attach copies of original receipts, appraisals where possible.
5. AMJ Campbell Van Lines retains salvage rights.
6. AMJ Campbell Van Lines reserves the right to require notarized statement or affidavit. **BILL OF LADING CHARGES MUST BE PAID IN FULL PRIOR TO CLAIM SETTLEMENT.**

CUSTOMER NAME <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms		HOME TEL:	REGISTRATION NO.	VALUATION
PRESENT ADDRESS		BUS. TEL:	EXT:	ORIGIN ADDRESS
CITY	PROVINCE	FAX NO.:	ORIGIN CITY	ORIGIN PROV.
POSTAL CODE	EMPLOYER	INVENTORY TAG COLOUR		DELIVERING DRIVER

(TYPE INFORMATION OR PRINT USING BALL POINT)

OFFICE USE ONLY

	INVENTORY TAG NO.	ARTICLE	DAMAGE DESCRIPTION OR INDICATE IF MISSING	WEIGHT OF ARTICLE	AGE OF ARTICLE	PURCHASE PRICE	AMOUNT CLAIMED	SUBRO. COST	RESPONSIBLE AGENT
1									
2									
3									
4									
5									
6									
7									
8									

NOTE: MUST DATE & SIGN

DATE _____ CUSTOMER'S SIGNATURE _____

I solemnly swear that the information of this claim form and in my exhibit(s) is true and complete to the best of my knowledge and belief.
 No material fact is withheld that should be included and this is a complete and accurate statement of all loss and/or damage to be claimed in connection with this shipment.
 Failure to sign will cause return of form for signature.

ADJUSTER USE ONLY

CLAIM RECEIVED BY AGENT	DATE RECEIVED	DATE ACKNOWLEDGED IN WRITING	VISUAL INSPECTION BY	ESTIMATED TOTAL COST
REMARKS				

WHITE: AMJ CANARY: DRIVER PINK: CUSTOMER