

Verified Statement of Claim for Lost or Damaged Goods

Corporate Headquarters 8010 Castleton Road PO Box 50800 Indianapolis, IN 46250-0800 800-932-7799

IMPORTANT: PLEASE READ INSTRUCTIONS ON REVERSE SIDE.

Name _____ Order # _____ Date of Claim Filing _____

Destination Address _____ Origin Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone () _____ Alternate Phone () _____ Email Address _____

Regardless of any previous written or oral communications, you must include on this form all articles that you claim are either lost or damaged and submit with this form your paid Freight Bill and Bill of Lading, as well as any documents which would support your claim in order to receive any claim consideration.

Inventory Item #	Article	Describe Nature of Loss or Damage	Estimated Weight	Present Value	Date Acquired	Original Cost	Amount Claimed	Carton Damage? Y or N
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

TOTAL AMOUNT CLAIMED \$

The undersigned does hereby swear or affirm that all entries made in this Statement of Claim and contained in the attached supporting documentation are true and correct to the best of my knowledge and belief, and constitute my complete and entire claim growing out of or in any way connected with the transportation or storage of my possessions. The undersigned does further swear or affirm that there have been no material facts relative to this claim that have either been withheld or misrepresented. The undersigned does hereby agree that if it is determined by the Carrier that any of the above information or supporting documentation is false, or that material facts have been withheld, then this shall justify the denial of my claim by the Carrier.

Signature of Claimant

- In making this claim, you must be prepared to justify the value you have placed on the lost or damaged articles.
- Submit any documents which would be required in support of your claim, including a paid Freight Bill and Bill of Lading.
- This form must be signed by the claimant who is the owner of all items claimed to be lost or damaged.



INSTRUCTIONS FOR FILING A CLAIM

1. All claims must be filed in writing within nine (9) months of the date of delivery to residence. If your goods were placed into storage in transit, and remain in excess of 180 days, you have nine (9) months from the date of conversion to permanent storage in which to file a claim.
2. Please do not discard or repair any items without prior authorization from this office, as we reserve the right to inspect all claims items.
3. If you are claiming any damaged items which were packed, please indicate whether or not the carton was damaged. Please also save the packing material and carton for our inspection.
4. Please describe the nature and location of damages for each article claimed, and furnish repair estimates whenever possible to support the claim.
5. Please provide the manufacturer's name, the model, and the serial number of any appliances or electronics equipment claimed as missing or damaged.
6. Copies of original purchase receipts should be submitted with your claim for items requiring replacement.
7. Please make certain that all items you wish to claim are included on your claim form and that the claim does constitute your complete and entire claim.

This form may be submitted via email. Please note that Web-based email programs such as Yahoo! and gmail require the form be saved and attached manually. Email to: claims@wvlcorp.com

The form may be faxed to the Claims Department at 317-570-4633.