



Box 1302, East Greenwich, RI
02818-0998
401-828-8111 800-343-3500

Statement of Claim

(Form # PA1-22)

Email Address

Customer Name <input type="text"/>	Old Address <input type="text"/>
Street Address <input type="text"/>	Home Phone <input type="text"/> Office Phone <input type="text"/>
City <input type="text"/> State <input type="text"/> Zip <input type="text"/>	Pickup Date <input type="text"/> Delivery Date <input type="text"/>
REGISTRATION # <input type="text"/> Declared Valuation Protection (select one) <input type="text"/>	Was Shipment Stored in a Warehouse? <input type="text"/>
CLAIM # <input type="text"/> Deductible \$ <input type="text"/>	Agent / Storage Company Name, City, State <input type="text"/>
Did Your Employer Pay for the Move (select one) ? <input type="text"/>	Employer Name (If Employer Paid Only) <input type="text"/>

Inventory Number	Article Description	Description of Damage or Loss	Estimated Weight	Age or Date Purchased	Original Cost	Replacement Cost Today	Estimated Cost to Repair Amount Claimed	ARPIN OFFICE USE ONLY				
								Cash Out	Repair	Art. Wgt \$.60/lb.	*Code - see below	

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 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 within nine months from date of delivery.,

TOTAL AMT. CLAIMED <input type="text"/>	SUBTOTAL <input type="text"/>
(-) DEDUCTIBLE <input type="text"/>	(-) DEDUCTIBLE <input type="text"/>
TOTAL <input type="text"/>	TOTAL <input type="text"/>
(+) UNEARNED FREIGHT <input type="text"/>	(+) UNEARNED FREIGHT <input type="text"/>
TOTAL <input type="text"/>	TOTAL <input type="text"/>

Signature of Claimant <input type="text"/>	Date <input type="text"/>	Arpin Adjudicator <input type="text"/>	Date Adjudicated <input type="text"/>
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- *EXPLANATION OF CODES**
- | | | |
|--------------------------------------|---|---|
| A - No evidence of carrier liability | F - Maximum carrier liability (reasonable weight) | J - No reasonable notification |
| B - Damage pre-existing | G - Mechanical malfunction | K - Exception rider enclosed |
| C - Limited / Part pre-existing | H - Depreciated allowance | L - No evidence of tampering; listed carton delivered in sealed condition |
| D - Concealed damage | I - Claimed amount excessive or not substantiated | M - Item not available for inspection |
| E - Not tendered to carrier | | N - Reasonable amount to repair / replace per local repair service / national retail outlet |
| | | O - Carrier not responsible due to improper packing or unpacking |
| | | P - Other _____ |