

Claim Form

All claims submitted are subject to the terms and conditions on the bill of lading and subject to the valuation of the goods as declared on the face of the bill of lading. Unless otherwise stated on the Bill of lading, a \$150.00 deductible applies to all claims submitted for review. The deductible must be paid in full, prior to any claim resolution.

Customer's Name: _____ Contract # _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Alt. Phone: _____

| Date Moved | Date Delivered | From | To | Weight | Value Declared on Bill of Lading |
|------------|----------------|------|----|--------|----------------------------------|
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DETAILS OF CLAIM

Please give full particulars to the best of your knowledge. In describing articles give as much information as possible, such as: Colour, finish, kind of material, pattern, design, model number, serial number, trade name, manufacturer's name, etc. If purchase invoices are available, submit in support of valuation.

In order to process this claim, all columns listed below must be completed in FULL DETAIL. This claim represents all loss or damage incurred while shipment identified above was in the care and control of Centennial Moving Systems or agent thereof.

| Tag # | Article | Description of Damage | Date Acquired | Original Cost | Amount to repair or replace |
|-------|---------|-----------------------|---------------|---------------|-----------------------------|
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The undersigned attests that statements above and the documents attached are true and correct and constitute the complete and entire claim. It is further agreed that this form does not constitute an admission of responsibility by the carrier, but is merely assistance in presenting the claim for consideration. Upon completion of repairs, replacement and/or cash settlement of any items name above accepted as liability by the carrier, the undersigned hereby releases and forever discharges the carrier from any further claim under the above contract.

Customer's Signature: _____ Date: _____