

Claim # _____
 (For Company Use Only)

International Moving

MORGAN & BROTHER MANHATTAN STORAGE COMPANY, INC.

STATEMENT OF LOSS AND DAMAGE

Customer Name	Home Telephone	Office Telephone	Fax	Date
Customer Address				
Moved From	Date	Moved To	Date	
By Whom Packed	By Whom Unpacked		Date Unpacked	
Were Goods In Storage	Name & Address of Warehouse			
Date Into Storage	Date Out of Storage	Date Damage Discovered	Total Value of Shipment	

If goods were insured under any other policy or coverage, please indicate the name and address of the carrier. If not, indicate that they were not.

Was inspection performed? Yes No If yes, by whom? Carrier Insurance Company Survey Agent (Submit copy with claim)

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

Item #	Description	Nature & Extent of Loss/Damage	Date Acquired	Item Age	Weight	Date Acquired	Original Cost	Amount Claimed

SURVEYS MAY BE REQUIRED IF DAMAGES EXCEED U.S. \$1,000.00.

Total Amount Claimed

INSTRUCTIONS FOR PREPARATION OF LOSS/DAMAGE CLAIM FORM

1. Print or type full particulars to the best of your knowledge.
2. No claim will be considered properly presented until the company has received the completed form, signed by the claimant and accompanied by the required documents and indicating a demand for a specific amount of money. **THE CLAIM MUST BE SUBMITTED WITHIN FORTY FIVE (45) DAYS OF DELIVERY.** Incomplete claim forms will not be processed and will be returned for completion.
3. On claims for damages to household goods items, **we require estimates for the repair of the items damaged.** Repair estimates should be made by an appliance/furniture repair firm, or marine surveyor, on their letterhead. Attach to claim form.
4. **AMOUNT CLAIMED:** If claim is for damage, enter only the cost of repairing the item. If claim is for loss, enter replacement cost of the missing item. The Underwriter reserves the right to require proof of ownership and/or value of any item claimed damaged or missing.
5. In describing articles give as much information as possible, such as color, material, model number, manufacturer, etc.
6. If the exact value of any item is not known, an approximation would be helpful.
7. Any items found damaged must be kept available for inspection (including containers). In the event of breakage, please save all pieces.
8. If damage includes the lifting or breakage of veneers, please keep every piece for replacement by the cabinetmakers.
9. If you have an idea as to repair cost, please submit it with this claim form. However, do not go to any expense to obtain repair costs, do not commence any repairs, or make any obligations to tradesmen for performing repairs. All such activities must await authorization from either the insurance carrier or Morgan Manhattan's Claims Management Department.
10. The signed and completed form must be submitted within forty five (45) days, at which time all outstanding charges must have been paid in full. In the event you have e-mailed the claim form, please sign and mail a copy to our claims department. Please Remit to:
Claims Department
Morgan & Brother Manhattan Storage Company, Inc.
434 East 91st Street
New York, NY 10128