

**PRESENTATION OF LOSS AND DAMAGE CLAIM**



MAIL TO: ARPIN INTERNATIONAL GROUP  
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Note: Thank you for the confidence you displayed in Arpin International Group by allowing us to participate in your relocation. We sincerely regret the move was not to your complete satisfaction, as it has come to our attention that damage and/or loss was sustained to your household goods during your move. Your prompt return of this claim form, properly completed, will enable us to process your claim promptly.

B/L No. \_\_\_\_\_  
 NAME OF CLAIMANT \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME TEL. \_\_\_\_\_  
 MOVED FROM \_\_\_\_\_ OFFICE TEL. \_\_\_\_\_  
 DELIVERY ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_  
 NAME OF SHIPPER (IF DIFFERENT THAN CLAIMANT): \_\_\_\_\_  
 State where shipment was temporarily detained in storage (either at origin or destination). \_\_\_\_\_  
 Has notice of loss been forwarded to any agent?  Yes  No Name of Agent \_\_\_\_\_  
 When was damage or shortage discovered? \_\_\_\_\_ Discovered by whom? \_\_\_\_\_  
 If claim is for breakage or shortage to items packed in containers, please provide the following information:  
 Packed by whom: \_\_\_\_\_ Unpacked by whom: \_\_\_\_\_ Date Unpacked: \_\_\_\_\_  
 Total Value of Goods Shipped on the Bill of Lading: \_\_\_\_\_ Replacement Cost of Lost/Damaged Goods: \_\_\_\_\_

**DETAILS OF CLAIM**

INVENTORY NUMBER	ARTICLE GIVE COMPLETE DESCRIPTION	NATURE OF CLAIM IF DAMAGE, DESCRIBE EXTENT, ETC.	IF PACKED, WAS THE CARTON DAMAGED?	APPROX. WEIGHT OF ITEM	DATE PURCHASED	ORIGINAL COST	AMOUNT CLAIMED	ADJUSTERS USE ONLY

IF CLAIM INCLUDES MISSING ITEMS, DESCRIBE WHEN AND WHERE LAST SEEN IN REMARKS. ALSO GIVE NAME OF PRESENT OCCUPANT OF FORMER RESIDENCE. IF UNOCCUPIED, GIVE NAME AND ADDRESS OF LANDLORD OR REEAL ESTATE BROKER. NOTE: IF CLAIM IS TO BE SETTLED WITH ANOTHER PARTY, SO AUTHORIZE UNDER "REMARKS."

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Attach additional pages for additional items or remarks)

The undersigned hereby makes a solemn oath to the truth of the statements contained herein and on the exhibits attached hereto, and swears that no material facts have been withheld. The undersigned states this to be a complete and accurate list of all loss and/or damage incurred in connection with the transportation described above and understands that Arpin International Group reserves the right to require a notarized statement on any claim.

Signature of Agent's representative if inspection has been made \_\_\_\_\_ Signature of Claimant \_\_\_\_\_  
 Arpin International Group Agent \_\_\_\_\_ Present Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_