



MOVING & STORAGE

CLAIM FOR LOSS OR DAMAGE

Customer & shipment information

Complete all applicable fields; use N/A where appropriate.

1 | Customer / claimant

Customer / claimant full name

Job / bill of lading number

Phone

Email

Current mailing address (street, city, state, ZIP)

Shipper name, if different

Your relationship / authority to claim

2 | Shipment & service

Pickup / origin address

Delivery / destination address

Pickup date

Delivery date (or not delivered)

Loss / damage discovered on

Storage-in date, if applicable

Storage-out date, if applicable

Storage account / lot / vault

Type of Move

Valuation Options

3 | What happened?

Describe the loss, damage or other issue, where it occurred, and how it was discovered.

First reported to / date

Noted at delivery? Yes / No / N/A



20 items per sheet | Add copies of this sheet for additional items.

Number items consecutively across all sheets. Use attachments for detailed descriptions.

Total sheets[illegible]

Attach receipts, photos and quotes by item number. Enter the full claim total from all sheets on page 3.

Inspector entries record a proposed settlement; they do not change the amount claimed or constitute a release.

Email all sheets to claims@aiomoving.com. For extra fillable sheets, save each completed sheet as a separate PDF.



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Supporting documents & certification

Return this page with pages 1 and 2 and any additional item sheets.

Customer / claimant name

Job / bill of lading number

4 | Supporting information

Attach available supporting records and label each with the matching item number.

Keep a copy of your submission. Do not delay submitting a claim while gathering documents.

Retain damaged items and packing materials, if safe, for inspection; contact us before disposal.

☐ Photos of item and damage

☐ Purchase receipts / proof of value

☐ Repair / replacement estimates

☐ Inventory / delivery exceptions

☐ Bill of lading / service documents

☐ Other supporting records

Other insurer / carrier claim or payment for these same items (name, reference, amount), or None

5 | Claim amount & customer certification

TOTAL AMOUNT CLAIMED (\$) - include all item sheets

Total number of claimed items

I hold All In One Moving & Storage responsible for the loss or damage described in this claim and request payment of the total amount stated above. To the best of my knowledge, the information provided is accurate. I am the owner of the property or authorized to make this claim.

I have disclosed any other claims or payments relating to the same loss or damage.

Submitting this form does not establish liability, determine settlement, or release any claim.

Claimant signature (sign after completing; typed or handwritten)

Date

6 | Submit your claim

Email completed claim and attachments to

claims@aionmoving.com

Follow the claim-filing time limits applicable to your shipment, contract and governing law.

This intake form does not change those time limits or the valuation terms of your contract.

OFFICE USE ONLY

Claim no.

Date received

Assigned to