



MOVING & STORAGE

GOVERNMENT / DPS CLAIM

Shipper & government shipment information

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

1 | Customer / claimant

Member name

GBL number (Government Bill of Lading)

Phone

Email

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

Shipper name, if different

Your relationship

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

DPS claim number (if assigned)

Transportation Service Provider (TSP) / SCAC

3 | What happened?

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

First reported to / date

Recorded damage on 1850? Yes / No



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.

Proposed settlement total for this sheet (\$)

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

Company review: claims@aiomoving.com. Save additional fillable sheets as separate PDFs.



MOVING & STORAGE

GOVERNMENT / DPS CLAIM

Supporting documents & certification

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

Member name

GBL number (Government Bill of Lading)

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 submit a claim for the loss or damage described in this form for the identified GBL shipment 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 | Government / DPS submission & company review

Send a company review copy / questions to

claims@aionmoving.com

Submit your formal claim through DPS as directed by your government transportation office.

Emailing this company form does not replace DPS filing or change applicable deadlines.

OFFICE USE ONLY

SmartMoving claim no.

Date received

Assigned to