



MOVING & STORAGE

LOCAL MOVE CLAIMS

Customer instructions & forms

For local, non-government moves handled by All In One Moving & Storage, Inc. Please complete the enclosed forms and keep a copy of everything you submit.

1 | Complete the claim form

Enter your contact information, job or bill of lading number, pickup and delivery details, and a description of the issue. "Local Move" is preselected. Select valuation only as shown in your signed moving agreement; if unsure or your coverage is not listed, leave it unselected and contact the Claims Department. Selecting an option here does not purchase or change coverage.

2 | List each item and the amount claimed

Use the item detail sheet for up to 20 items. Include the item description, damage or loss, inventory/tag number if available, quantity, age, original cost and amount claimed. Use the final continuation sheet for additional items and number items consecutively. Leave inspector and office-use fields blank.

3 | Add supporting records and sign

Label photos, receipts, repair/replacement estimates and other available records with the matching item number. Include the total claimed across all sheets on the certification page, then sign and date it. Do not delay submission while gathering additional records. Retain damaged items and packing materials, if safe, and contact us before disposal or repair that could affect inspection.

4 | Email your completed packet

Send to: claims@aiomoving.com

Suggested subject: Local Move Claim - [Customer Name] - [Job Number]

Attach the completed three-page claim form, any continuation sheets and supporting records. Save additional fillable continuation sheets as separate PDFs to avoid overwriting earlier entries.

What happens next

The Claims Department reviews the submission and may request additional information or arrange an inspection. Any proposed settlement will be communicated separately. Email claims@aiomoving.com to confirm receipt or request a status update.

Your agreement still applies

Follow the filing time limits applicable to your move, signed agreement, tariff and governing law. This packet does not change those time limits, valuation terms or either party's rights. Contact the Claims Department promptly if you need help identifying the applicable terms.



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.



MOVING & STORAGE

CLAIM FOR LOSS OR DAMAGE

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



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.

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