



CLAIM FORM

Please fill out claim form COMPLETELY and accurately. Incomplete form can delay the processing of your claim. Attach ALL RECEIPTS (copies of original purchase receipts and estimates of repair/replacement) with your completed claim form. You have **75 days** from the date of delivery to notify the carrier in WRITING of all discovered loss and damage. **** DO NOT DISPOSE OF DAMAGED ITEMS.**** Carrier has SALVAGE RIGHTS to all items replaced.

******* Section 14904(b)(2) of Title 49 of the United States Code imposes a civil penalty of up to \$2,000 for filing a false claim with a motor carrier.*******

9750 3rd Avenue NE #200, Seattle, WA 98115

Phone: (888) 669-6031, (206) 526-1137

Fax: (206) 729-0847

email: claims@intclaims.com

1. Claimant's Name:		3. Pick-Up Date	4. Delivery Date	13a. Email address		13b. Fax number	13c. Cell number
2. Address:		City:	State:	Zip Code:	Home Phone:	Work Phone:	
5. Line	6. Qty	7. LOST OR DAMAGED ITEMS: (Describe the item fully, including the brand name, model and size. List nature and extent of damage. If missing, state "MISSING")		8. Inv No.	9. a. Date of Purchase	9. b. Original Cost	10. AMOUNT CLAIMED a. Repair Cost b. Replace Cost
FOR ADJUSTERS ONLY							
				14. Reg/Order No.	15. GBL No.	16. Claim No.	
REMARKS						WT.	AMOUNT PAID
11. Signature: I certify that this submission constitutes my entire claim under this shipment.				12. Date	Totals Repair/Replace		TOTAL PAID:
					TOTAL CLAIMED		