

**PRESENTATION OF LOSS AND DAMAGE CLAIM**



**MAIL TO:** ATLAS VAN LINES, INC.  
P.O. BOX 509  
EVANSVILLE, IN 47703-0509

**PHONE NUMBER:** 1-800-638-9797  
EXT. 2850 OR 2846  
FAX: 812-421-7129

To expedite handling, please be sure registration number is given. Registration number is on upper right-hand corner of Atlas Bill of Lading.  
  
Atlas Reg. No. \_\_\_\_\_

CLAIM CAN BE FILED ONLINE AT: [www.atlasworldgroup.com](http://www.atlasworldgroup.com)

NAME OF CLAIMANT \_\_\_\_\_ DATE \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREFERRED METHOD OF CONTACT  HOME# \_\_\_\_\_  OFFICE# \_\_\_\_\_  CELL# \_\_\_\_\_  
 FAX# \_\_\_\_\_  EMAIL ADDRESS \_\_\_\_\_

NAME OF CUSTOMER (IF DIFFERENT THAN CLAIMANT) \_\_\_\_\_

MOVED FROM \_\_\_\_\_  
DELIVERY ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

- ALSO SEE PAGE 2 OF FORM FOR ASSISTANCE.**
- 1. Do not dispose of items claimed or repair without authorization.
  - 2. Time limit for receipt of this form is nine months from date of delivery, except:
    - when contract specifies different terms
    - for GBL Traffic - See Tender of Service
    - for Texas-Intra moves-claims must be filed within 90 DAYS of delivery
  - 3. Transportation charges must be paid prior to claim settlement.
  - 4. Incomplete information may delay claim settlement.
  - 5. If claim includes missing items, describe when and where last seen in remarks.
  - 6. If claim is to be settled with another party, authorize under "Remarks".

**DETAILS OF CLAIM**

SEE REVERSE SIDE FOR INSTRUCTIONS  
(ATTACH ADDITIONAL PAGES FOR ADDITIONAL ITEMS OR REMARKS)

A	B	C	D	E	F	G	H	I
INVENTORY NUMBER	ARTICLE GIVE COMPLETE DESCRIPTION	NATURE OF CLAIM IF DAMAGE, DESCRIBE EXTENT, ETC.	IF PACKED, WAS THIS CARTON DAMAGED? CIRCLE ONE	APPROX. WEIGHT	ARTICLE AGE	ORIGINAL COST	REPLACEMENT COST	AMOUNT CLAIMED (REQUIRED)
			Yes/No					
			Yes/No					
			Yes/No					
			Yes/No					
			Yes/No					
			Yes/No					
			Yes/No					
			Yes/No					
			Yes/No					
			Yes/No					

If shipment was temporarily detained in storage, either at origin or destination, state where: \_\_\_\_\_

Has notice of claim been forwarded to any agent of Atlas Van Lines, Inc. - YES/NO Name of Agent \_\_\_\_\_

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

If payment for missing item(s) is made and missing item(s) (except perishables and items requiring immediate permanent replacement) are subsequently delivered to the claimant within a reasonable period of time, claimant agrees to accept the items and refund any payments made for the items. Should claimant wish to collect damages on any returned items, the claimant must file a new and separate claim form.

I solemnly swear that (1) the information on this claim form and in my exhibits is true and complete to the best of my knowledge and belief; (2) no material fact is withheld that should be included; and (3) this is a complete and accurate statement of all loss and/or damage to be claimed in connection with this shipment.  
  
\_\_\_\_\_  
Signature of Claimant\* Date

\*Failure by claimant to sign will cause return of form for signature.

**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.**

**INSTRUCTIONS FOR PREPARATION OF  
PRESENTATION OF LOSS AND DAMAGE CLAIM FORM**

1. Please read the provisions of the Contract Terms and Conditions on the reverse side of your Bill of Lading.
2. No claim will be considered properly presented until Atlas has received a completed Presentation of Loss or Damage Claim Form signed by the claimant.
3. Prepare the Presentation of Loss and Damage Claim Form. Return the original to Atlas Van Lines, Inc., P.O. Box 509, Evansville, IN 47703-0509. Retain a copy for your records.
4. Please type or use a ball point pen when completing the claim form.
5. Atlas reserves the right to inspect any damaged items within a reasonable time. Do not proceed with repairs or replacement until we have had an opportunity to examine your completed Presentation of Loss or Damage Claim Form and determine the course of action to follow. Please have the Atlas inventory available for the inspector, if such action is taken.
6. Do not discard any damaged item or the shipping carton in which it was transported until after a claim has been filed and the item and shipping carton have been inspected.
7. Both before and after inspection, repairs must be authorized in advance by Atlas. Do not proceed with any repair until Atlas has authorized the repair.
8. Atlas retains salvage rights in any item that it has replaced. Do not discard any damaged item that has been replaced without Atlas' authorization.
9. All transportation charges must be paid prior to the payment of any amount on a claim.
10. Incomplete information may delay claim settlement. Additional information may be requested in order to process any claim.
11. If the claim is filed under Atlas' Full Value Protection, repairs will be Atlas' first option. Any replacement considered will be for items of like kind and quality, per Atlas' tariff.
12. If you selected a deductible, this amount will be deducted before settlement is made, which may result in no payment.

\*Atlas' Tariffs and Federal Regulations (49 C.F.R. § 370.3) require that any claim for loss, damage or delay must be submitted in writing by claimant and received by carrier within 9 months from date of delivery, and shall include sufficient information to identify the shipment and make claim for payment of a specified or determinable amount of money.

Except: **TX-Intra Moves:** Claims must be received within **90 days** of delivery.  
GBL Traffic - Refer to Applicable Tender of Service

Specific instructions for the "Details of Claim" section of form:

- A. **INVENTORY NUMBER:** Refer to your inventory sheets and locate the item claimed on the inventory list. If the item was packed in a carton, find the carton it was packed in on the inventory list. The inventory item number in the far left column for the item claimed. List the specific item number that is assigned on the inventory listing.
- B. **DESCRIPTION OF ARTICLE:** Describe each item for which a claim is being made. If missing items are claimed, identify by color, size, pattern, manufacturer and/or brand name, model no., etc. Identify contents of containers as accurately and completely as possible.
- C. **NATURE OF CLAIM:** Indicate type, severity and location of damage on each article.
- D. **ON PACKED ITEMS:** Indicate whether the container was damaged by circling Yes or No and the extent of any damage to the container under remarks.
- E. **APPROXIMATE WEIGHT:** Enter as accurately as possible.
- F. **ARTICLE AGE:** Complete entries in these columns as accurately as possible.
- G. **ORIGINAL COST:** Enter what you paid for item.
- H. **REPLACEMENT COST:** Enter cost of item on today's market.
- I. **AMOUNT CLAIMED:** If you are claiming damage, enter only the cost of repair, if known. If claiming missing items, enter their value. If an estimate for repairs has been obtained by you, please enclose a copy. On receiving the completed form, a repair firm may be assigned to contact you for repairs, if needed.

REMARKS: Any information or comments you may have as to how loss or damage occurred will expedite claim processing. If additional space is required, use additional pages and please include the same information requested above.

Should any additional correspondence on your claim be necessary, please refer to the Atlas registration number.