



# Quality Services Moving & DELIVERY

703-495-8900 1-888-776-6846 www.qsmoving.com

## STATEMENT OF CLAIM

Thank you for choosing Quality Services Moving for your recent relocation. We are sorry to hear that you incurred damage during the move and for the inconvenience this has caused you. Please know that we take this very seriously and will work with you to correct this matter.

If an item has been damaged or misplaced during the moving process, please fill out and submit the below claim form and return to [claims@qsmoving.com](mailto:claims@qsmoving.com) along with photos and documentation. Once we have received your request, our Claims department will review the claim and contact you with any further questions or instructions.

Customer Name: \_\_\_\_\_ Email: \_\_\_\_\_

Current Phone \_\_\_\_\_ Move Load Date: \_\_\_\_\_

Pickup Address: \_\_\_\_\_ Delivery Address: \_\_\_\_\_

**\*\*\*DO NOT DISCARD ANY ITEM, UNLESS INSTRUCTED BY THE CLAIMS DEPARTMENT AT QUALITY SERVICES MOVING\*\*\***

Claims for items damaged in boxes when the client performed self-packing will not be honored.

Please be advised that you can only file one claim per move.

Contact email: [claims@qsmoving.com](mailto:claims@qsmoving.com) with questions.

PLEASE SEE INSTRUCTIONS ON PAGE 2

Inventory Number	Name of Item	DESCRIBE DAMAGE IN DETAIL. IF ITEM IS MISSING PLEASE DISCRIBE	Age of Item	Original Cost	Repair Cost If Known	Replacement cost: If option 2 was not selected leave blank	Amount Claimed

If claim is for missing items, please provide the following information:

Were entire line items missing? Yes No Was loss noted at delivery? Yes No (if no, explain below)  
Was unpacking performed at delivery? Yes No

Please leave any comments or notes:

Customer Signature **X**

Date

BY SUBMITTING THIS FORM, I HEREBY DECLARE TO THE TRUTH OF STATEMENTS CONTAINED HEREIN, FOR THE PURPOSE OF OBTAINING SETTLEMENT ON THE ABOVE CLAIM. PLEASE KEEP IN MIND, THIS CLAIM IS NOT CONSIDERED AN OFFER BY THE CARRIER. DO NOT PROCEED WITH YOUR OWN REPAIR, DISCARD ANY ITEM(S) AND/OR REPLACE ANY ITEM(S) FOR WHICH YOU SEEK COMPENSATION. TO BE ELIGIBLE FOR COMPENSATION, ALL ITEMS CLAIMED MUST BE AVAILABLE FOR INSPECTION IN THE SAME CONDITION IN WHICH THEY WERE DELIVERED. ALL DUE MEASURES WILL BE CONSIDERED IN DETERMINING CARRIER LIABILITY IN ACCORDANCE WITH APPLICABLE LAW, REGULATIONS AND CONTRACT.

Confidentially Clause: Any misuse or unauthorized disclosure of claim information, written and/or oral, may result in legal action.



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## IMPORTANT: PLEASE READ

**Time Frame to submit claim - Local Move:** 30 days from the date of shipment delivery. **Long Distance Move:** 9 months from the date of shipment delivery

Since all damaged items are subject to inspection, please do not proceed with any repairs, and do not dispose of any damaged items or boxes. A "comments" section has been provided at the end of the claim form should you need to provide further explanation for any items or issues referenced in your claim.

When submitting your claim please include digital color photos of the item you are claiming. We need a photo showing the entire item and a photo close up of the specific damage. Also submit supporting documentation (receipt, manufacturer, model no. etc.) for the item you are claiming.

**Do not proceed with your own repairing, replacing or discarding of any item for which you seek compensation.** To be eligible for compensation, all items claimed must be available for inspection in the same condition in which they were delivered. The claim process will commence upon receipt of your completed claim form. I will acknowledge receipt of such. Please note that additional documentation from you may be required. Please promptly respond to calls and/or requests for additional information to expedite the processing of your claim.

## INSTRUCTIONS TO CLAIMANT FOR PRESENTATION OF CLAIM FOR LOSS AND/OR DAMAGE

Please follow the step-by-step instructions.

**INVENTORY NUMBER:** If your move was Long Distance please show the number of the tag that was attached to the article when it was loaded at origin. On packed items, indicate the container number. If you moved locally within an area, you may not have an inventory number.

**NAME OF ITEM:** State the name of the item, "Dresser" "Refrigerator", etc.

**LOSS OR DAMAGE:** (a) If an article is claimed lost, the immediate reporting of it is very important. Please give a full description i.e. make, model, color, size, shape, and pattern, etc., which will be used for tracing purposes. When completing the claim form, please state where purchased, and the purchase price. If a carton is missing, identify contents of container and inventory number (tag numbers) and any identifying marks that may be unusual. (b) If an article is damaged, describe severity and location of damage, such as worn, torn, soiled, rubbed, scratched, dented, etc., explaining the exact location such as "top right front corner," "bottom left side panel," etc. Furniture, such as, sofas and chairs, are described left or right, facing the article, NOT from a sitting position. This is necessary to compare the origin inventory to determine new or pre-existing damages. On packed items, indicate whether the container was damaged and the extent of any damages. You may provide photos to support your claim. (c) If any of the damaged articles are electronics, appliances or automobiles/motorcycles, you may be asked to obtain a written repair estimate from a local repair company. Such estimates must describe the damage to the item, cause of the damage, and an itemized listing of the cost of needed repairs. Any charges for obtaining these estimates will be reimbursed to you upon presentation of a paid receipt for the estimate, if the Carrier is found to have liability for the item.

**AGE OF ITEM:** If date acquired is known, please enter it on the form.

**ORIGINAL COST:** If you have copies of original sales receipts or appraisals, please submit them with your claim form.

**AMOUNT CLAIMED:** Federal Law requires you to annotate the amount claimed to be considered a valid claim. Please provide amount you are claiming for the item for either repair cost or replacement of the item. Please note if the amount claimed is for repairs or for replacement of the item.

Once your claim form is received, it will be entered into our claims system. A notice will be mailed to you acknowledging receipt of the form. An adjuster will be assigned and, if they have any questions, they will contact you. If more space is needed, please photocopy form or continue on a separate sheet using the same format. If you wish a copy for your files, please photocopy and retain the photocopy for your files.

**The Carrier reserves the right to inspect any of the items claimed.** Inspections will be handled by the adjuster, as needed. In the meantime, do not dispose of any of the damaged articles or do not proceed with any repairs unless it has been authorized by the adjuster.

**If you must have something repaired prior to the settlement of the claim, you may do so at your own risk and expense.** If the Carrier is liable for the repairs or replacement, we will reimburse you at the time of the settlement. You must submit a detailed written report from the repairman describing the damages, the cause of the damages and the repairs that were made along with their repair invoice and your claim form.

***No claim will be discussed by telephone. If you have any questions or concerns, please communicate them in written format via e-mail. Please be sure to send all Claims related correspondence and documentation to [claims@qsmoving.com](mailto:claims@qsmoving.com). Thank you.***