

Customer's Name

Arpin Van Lines, Inc. P.O. Box 1302 East Greenwich, RI 02818

## PRESENTATION OF CLAIM FOR DAMAGE

Arpin Van Lines Registration Number

VAN (	<b>OPERATOR</b>	QUICK	CLAIM	SETTLEMENT

			City		Sta	to 7ir	`
Old Add	ress		City		Sta	te Zir	)
TYPE OF ACCOUNT  ☐ C.O.D. ☐ National ☐ G.S.A. ☐ Military Account ☐ Charges Paid in Full			TYPE OF VA	YPE OF VALUATION C		∕alue □ Fu Pr	ull Value otection mount
Inventory Article		Description of Damages	Est. Cost of Repairs Amt. Claimed Agreed Settlemen	Agreed Settlement	FOR HEADQUARTER USE ONLY Agent Origin Conditions C		
		SETTLEMENT VALID UP TO \$500.00	SUBTOTAL				
			Less Deductible If Applicable				
			TOTAL				
	I ACKNOWLEDGE F	RECEIPT OF \$IN FULL PAY					
X	CUSTOMER SIGN HE		. X	DRIVER SI	CNI HEDE	VAN OF AGENT I.D. #	PR. #
TEL. NO	COSTOMER SIGN HEI	_		DRIVER 3	ONTIERE		

Distribute the form as follows:

White - To be mailed to Arpin Headquarters

Yellow - Copy for van operator's agent Pink - Customer's copy

## **INSTRUCTIONS TO CUSTOMER & VAN OPERATOR**

This claim form is to be used ONLY for claims up to \$500 on shipments delivered to customer at residence by a linehaul driver. **PLEASE PRINT** 

## SETTLEMENT GUIDELINES

- (1) **60**¢ per lb. liability
  - (a) **damaged items** approximate cost to repair, not to exceed 60¢ per lb. per article.
  - (b) **non-repairable items** value at time of shipping, not to exceed 60¢ per lb. per article. On packed items, use weight of container.
- (2) **Declared Value Protection (depreciated coverage)** 
  - (a) damaged items approximate cost to repair, not to exceed value at time of shipping, less depreciation.
  - (b) **non-repairable items** value at time of shipping less depreciation.
- (3) Full Value Protection (full value liability)
  - (a) damaged items approximate cost to repair, not to exceed value at time of shipping.
  - (b) **non-repairable items** value at time of shipping.

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Arpin Van Lines, Inc. P.O. Box 1302 Fast Greenwich RL028