

PRESENTATION OF LOSS AND DAMAGE CLAIM

MAIL TO: ARPIN INTERNATIONAL GROUP
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FF-1107
FMC-3295



Note: Thank you for the confidence you displayed in Arpin International Group by allowing us to participate in your relocation. We sincerely regret the move was not to your complete satisfaction, as it has come to our attention that damage and/or loss was sustained to your household goods during your move. Your prompt return of this claim form, properly completed, will enable us to process your claim promptly.

B/L No. _____
NAME OF CLAIMANT _____ DATE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____ HOME TEL. _____
MOVED FROM _____ OFFICE TEL. _____
DELIVERY ADDRESS (IF DIFFERENT FROM ABOVE): _____
NAME OF SHIPPER (IF DIFFERENT THAN CLAIMANT): _____
State where shipment was temporarily detained in storage (either at origin or destination). _____
Has notice of loss been forwarded to any agent? ☐ Yes ☐ No Name of Agent _____
When was damage or shortage discovered? _____ Discovered by whom? _____
If claim is for breakage or shortage to items packed in containers, please provide the following information:
Packed by whom: _____ Unpacked by whom: _____ Date Unpacked: _____
Total Value of Goods Shipped on the Bill of Lading: _____ Replacement Cost of Lost/Damaged Goods: _____

DETAILS OF CLAIM

| INVENTORY NUMBER | ARTICLE GIVE COMPLETE DESCRIPTION | NATURE OF CLAIM IF DAMAGE, DESCRIBE EXTENT, ETC. | IF PACKED, WAS THE CARTON DAMAGED? | APPROX. WEIGHT OF ITEM | DATE PURCHASED | ORIGINAL COST | AMOUNT CLAIMED | ADJUSTERS USE ONLY |
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IF CLAIM INCLUDES MISSING ITEMS, DESCRIBE WHEN AND WHERE LAST SEEN IN REMARKS. ALSO GIVE NAME OF PRESENT OCCUPANT OF FORMER RESIDENCE. IF UNOCCUPIED, GIVE NAME AND ADDRESS OF LANDLORD OR REAL ESTATE BROKER. NOTE: IF CLAIM IS TO BE SETTLED WITH ANOTHER PARTY, SO AUTHORIZE UNDER "REMARKS."

REMARKS: _____

(Attach additional pages for additional items or remarks)

The undersigned hereby makes a solemn oath to the truth of the statements contained herein and on the exhibits attached hereto, and swears that no material facts have been withheld. The undersigned states this to be a complete and accurate list of all loss and/or damage incurred in connection with the transportation described above and understands that Arpin International Group reserves the right to require a notarized statement on any claim.

Signature of Agent's representative if inspection has been made _____ Signature of Claimant _____

Arpin International Group Agent _____ Present Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____