

## How to File a Claim:

If you intend to file a claim for loss or damage to your goods, be aware that one of the required documents in support of your claim is a copy of the paid freight bill. This means that before you may file a claim with the carrier (ASAP Movers, Inc.) for loss of or damage to your goods, you must pay the carrier for all charges due for transportation services. This is because the handling and settlement of a loss or damage claim is a matter separate from the performance of and payment for the transportation service itself. **If you do not pay the transportation charges, the carrier may not honor your claim.**

### To file a claim you must:

- 1. Write the home office of the carrier (ASAP Movers, Inc. 925 Buckley Rd., San Luis Obispo, CA 93401) and describe the loss or damage.** If you would like a form to help guide you, a claim form can be sent upon request from our office.
- 2. List separately the lost or damaged items;**
- 3. Note the exact amount you are claiming for each lost or damaged item;**
- 4. Give the date of your move, the origin and destination and the carrier's order number.**
- 5. Your current address where you would like your settlement sent to.**

If the damage is to packed items, you should retain the box, its contents and the packing materials. This is especially important if you did the packing since you will have to show that bad packing was not the cause of the damage.

Providing copies of documents such as store receipts for the lost or damaged items and professional estimates for repair will speed the processing of your claim.

You should also retain copies of all correspondence with the moving company. In addition, all correspondence addressed to the moving company should be sent by Registered Mail, return receipt requested, to evidence receipt of your claim by the carrier.

Your claim must be filed, in writing, within nine (9) months after delivery of the goods or within nine (9) months after a reasonable time for delivery has elapsed. Specific rules are set forth in Maximum Rate Tariff 4. The carrier is required to acknowledge claims in writing within 30 days and must pay, decline to pay or make a firm compromise settlement within 60 days of receipt of your claim. If some reason beyond the carrier's control delays action for a longer time, the carrier is required to notify you in writing within 60 days of receipt of your claim as to its status and the reason for delay (with a copy to the PUC) and again every 30 days thereafter until final action is taken. If the carrier fails to respond to your claim within the time limits and in the manner described in this paragraph, you should contact the PUC immediately at 1-800-FON-4PUC (1-800-366-4782. (See Maximum Rate Tariff 4, Item 92 for more information on filing claims.)

ASAP MOVERS INC.  
925 Buckley Rd.  
San Luis Obispo, CA 93401

CAL P.U.C. T-190288  
MC 497853  
US DOT 1278931

## Customer Claim Form

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Customer Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Contact phone number(s): \_\_\_\_\_  
Date(s) of service: \_\_\_\_\_ Your Job Ref. # \_\_\_\_\_

1. Please describe the nature of the loss or damage: Please include pictures of the damaged item(s) and estimates for repair or replacement if possible. Estimates for repair are not required if the basic insurance of \$0.60 per pound was selected.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List separately the lost or damaged items:

a. _____	f. _____
b. _____	g. _____
c. _____	h. _____
d. _____	i. _____
e. _____	j. _____

3. Please note the exact amount you are claiming for each item\* (Important: refer to the valuation option you selected in your Move Agreement. If you chose option 1 – Released Rate Liability at \$.60 per pound, please specify the weight of each lost or damaged item. If you are uncertain, an estimated weight will be applied.)

a. _____	f. _____
b. _____	g. _____
c. _____	h. _____
d. _____	i. _____
e. _____	j. _____

TOTAL AMOUNT OF CLAIM \$ \_\_\_\_\_

Customer Name \_\_\_\_\_ Date \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Customer Signature \_\_\_\_\_