

The Blu Line Group dab Movers & Groovers 852 Dupont Rd Suite A, Charleston, SC 29407 Office 843 225 9051

Movers_Groovers@yahoo.com www.MoversandGroovers.com USDOT 1827150 MC 662832

CLAIM FORM

Invoice Number:				
LastName:	FirstN	lame:		
Loading Address:				
			Zip Code:	
			•	
			Zip Code:	
Home Phone:	Work Phone:		Cell Phone:	
E-Mail:	Load Da	ate:		
Delivery Date:				
	ne one the goods were delivered	ed to? Yes No		
If no please enter address w	here delivered:			
Were the goods stored in a				
	laimed items as we reserve the			elocate claimed

- Do not dispose or repair claimed items as we reserve the right to inspect damages. Also, do not relocate claimed items from the point of delivery.
- If you have moved interstate your claim must be submitted within 9 months from the date of delivery. If you have moved intrastate (within a state) the filing limitations vary from state to state. Please consult with the claim department to determine the filing limitations.
- Make a copy of the completed claim form for your records.
- Mail form to the address above.Include pictures, receipts.
- Description of Article (please include model number, name of manufacturer and brand name if available.) Yes No

Item	Description	Description of Damage	Cost When Originally Purchased	When/Where Purchased	Repair or dollar amount Claimed
Example: Dresser	Broyhill 7030	Right side split top left	\$495	Date Store Name	\$495 Claimed