

Dear Select Van & Moving Company Customer:

The tariff under which Select Van & Moving Company operates provides that all claims for loss and/or damage on a local move need to be filed in writing within 30 days of the move. For all intrastate moves and local moves with storage involved, a claim in writing needs to be filed within 90 days of the delivery date. It will be to your advantage to unpack and inspect all your goods before filling out the claim form. Incomplete information will result in delaying the handling of your claim. Please retain a copy of the form for your records.

As we reserve the right to a visual inspection of all damage claimed, we ask that you do not proceed with repairs, discard any items nor move the items from the destination address before an inspection can be completed. Any of these actions can nullify your claim. Please attach any receipts or estimates for repair on major appliances, electronic items, autos or any irreparable items for verification of amounts claimed.

You will need to print the claim form to complete it. You can then return your claim form to me in any manner that you are able to. All my contact information is below. Upon receipt of the claim form, the necessary steps will be taken to see that your claim is promptly investigated and an inspection firm assigned if needed.

Please don't hesitate to contact me with any questions or concerns:

Sincerely,
Shelby Poell
Claims Adjusters

402-935-3723
spoell@selectvan.com

Select Van Moving Company
c/o Shelby Poell
8006 J Street
Omaha, NE 68127

Customer Name: _____ Order for Service Number: _____

Old Address: _____ City: _____ State: _____ Zip Code: _____

New Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: - _____

Pick Up Date: _____ Delivery Date: _____

Was the shipment in a warehouse: Yes No

If yes, please indicate the agency's name, city, and state: _____

Valuation Declared: \$0.60/lb \$1.25/lb Lump Sum FVP-A FVP-8

Valuation Amount Declared: _____

Inventory Number	Article Weight	Article Description	Description of Damage	Age	Cost to Replace	Amount Claimed	Cartons Damaged (yes or no)

Important Notice: If this form is not thoroughly completed or submitted unsigned, it may be returned.

Signature: _____ Date: _____