PRESENTATION OF LOSS AND DAMAGE CLAIM

Atlas Van Lines
World-Class Moving

MAIL TO: ATLAS VAN LINES, INC.
P.O. BOX 509
EVANSVILLE, IN 47703-0509

PHONE NUMBER: 1-800-638-9797
EXT. 2850 OR 2846
FAX: 812-421-7129

TO EXPEDITE HANDLING, PLEASE BE SURE REGISTRATION NUMBER IS GIVEN. REGISTRATION NUMBER IS ON UPPER RIGHT-HAND CORNER OF ATLAS BILL OF LADING.

ATLAS REG. NO. _____

NAME OF CLAIMANT _____ DATE _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE NO.

( ) HOME: _____

NAME OF SHIPPER (IF DIFFERENT THAN CLAIMANT) _____ FAX: _____

( ) OFFICE: _____

EMAIL ADDRESS _____ EXT. _____

MOVED FROM _____

DELIVERY ADDRESS (IF DIFFERENT FROM ABOVE) _____

ALSO SEE BACK OF FORM FOR ASSISTANCE.

1. Do not dispose of items claimed or repair without authorization.
2. Time limit for receipt of this form is nine months from date of delivery.
   (Except when contract specifies different terms)
   (Except for GBL Traffic - See Tender of Service)
   (Except for Texas-Intra moves. Claims must be filed within 90 DAYS of delivery.)
3. Transportation charges must be paid prior to claim settlement.
4. Incomplete information may delay claim settlement.

Section 14904(b)(2) of Title 49 of the United States Code imposes a civil penalty of up to $2,000 for filing a false claim with a motor carrier.

DETAILS OF CLAIM

SEE REVERSE SIDE FOR INSTRUCTIONS
(ATTACH ADDITIONAL PAGES FOR ADDITIONAL ITEMS OR REMARKS)

A	B	C	D	E	F	G	H	I	J
INVENTORY NUMBER	ARTICLE GIVE COMPLETE DESCRIPTION	NATURE OF CLAIM IF DAMAGE, DESCRIBE EXTENT, ETC.	IF PACKED, WAS THIS CARTON DAMAGED? CIRCLE ONE	APPROX. WEIGHT	ARTICLE AGE	ORIGINAL COST	REPLACEMENT COST	**AMOUNT CLAIMED (REQUIRED)**	ADJUSTERS USE ONLY
			Yes/No						
			Yes/No						
			Yes/No						
			Yes/No						
			Yes/No						
			Yes/No						
			Yes/No						
			Yes/No						
			Yes/No						
			Yes/No						

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: _____

If shipment was temporarily detained in storage, either at origin or destination, state where: _____

Has notice of loss been forwarded to any agent of Atlas Van Lines, Inc. - *YES* / NO Name of Agent _____

IF PAYMENT FOR SHORTAGE ITEM(S) IS MADE AND SHORTAGE ITEM(S) (EXCEPT PERISHABLES AND ITEMS REQUIRING IMMEDIATE PERMANENT REPLACEMENT) ARE SUBSEQUENTLY DELIVERED TO THE CLAIMANT WITHIN A REASONABLE PERIOD OF TIME, CLAIMANT AGREES TO ACCEPT THE ITEMS AND REFUND ANY PAYMENTS MADE FOR THE ITEMS. SHOULD CLAIMANT WISH TO COLLECT DAMAGES ON ANY RETURNED ITEMS, THE CLAIMANT MUST FILE A NEW AND SEPARATE CLAIM FORM.

AGENTS/SHIPPERS NOTE: This form is only applicable for shipments transported under authority of Atlas' Bill of Lading with properly assigned Atlas Registration Number.

White Copy - Atlas

Yellow Copy - For Customer Record

I SOLEMNLY SWEAR THAT (1) THE INFORMATION ON THIS CLAIM FORM AND IN MY EXHIBITS IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF; (2) NO MATERIAL FACT IS WITHHELD THAT SHOULD BE INCLUDED; AND (3) THIS IS A COMPLETE AND ACCURATE STATEMENT OF ALL LOSS AND/OR DAMAGE TO BE CLAIMED IN CONNECTION WITH THIS SHIPMENT.

SIGNATURE OF CLAIMANT* DATE

*Failure by claimant to sign will cause return of form for signature.

D.C. 216001
Rev. 8/01