

**PLEASE PRINT THESE PAGES, PROOFREAD CLAIM FORM, SIGN AND FAX TO: 306-979-9540**



**Saskatoon Movers**  
130 Allwood Cr  
Saskatoon, SK  
S7R 0A3  
**Phone:** 306-979-8858  
**Fax:** 306-979-9540

- Claim must be filed within 45 days of final delivery.
- Do not discard or repair any damaged items prior to conclusion of claim.

## **Instructions for Statement of Claim**

1. If the required information is not completed, it will be necessary to return the claim to you. This causes delays in the adjustment of your claim.
2. Your claim must be submitted on the claim form provided (do not use plain paper). If you will require additional forms, you may make copies of a blank form, or call 306.979.8858 to request additional forms.
3. Please complete blocks 1 through 11 of the form carefully using a black ball point pen or typewriter. We need all of this information as it is essential to the prompt and proper handling of your claim.
4. Block 5 requires only one number. The invoice number on the copy of your receipt. This number can usually be obtained from the upper right hand corner of the paperwork pertaining to your move.
5. How the damage occurred? Please be as detailed as possible and note how the items moved, including disassembly and wrapping procedures. If you were absent please enter that information as well.
6. Provide the address where you first noticed the damage or where you think the damage took place.
7. In the "Description of Article" column, use a short phrase such as: 24" Zenith Color TV, Hoover
8. Vacuum Cleaner, Maple 4 Drawer Dresser, or 8' 3" Cushion Couch.
9. In the "Nature and Extent of Damage" column, give a short, detailed description such as: right rear leg broken, porcelain chipped, dresser mirror broken, or missing.
10. Under "Date of Purchase" and "Purchase Price", we need your best recollection if you do not have a record. If the item in question was a gift, give the date you received it and your estimate of its original value.
11. If you witnessed the damage occur, please write in detail how it happened and the movers name that damaged the item. Please provide as much detail as possible. When you have completed the statement of Claim form, send it, along with a good readable copy of the bill you received, inventory, and/or delivery receipt to Saskatoon Movers.

## Statement of Claim

**IMPORTANT: CLAIM MUST BE FILED WITHIN 45 DAYS AFTER DELIVERY OF YOUR SHIPMENT DATE  
PLEASE ATTACH DELIVERY DOCUMENTS TO EXPEDITE**

**1. CLAIMANT'S NAME:** \_\_\_\_\_  
OFFICE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
HOME #: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
DATE OF PICK-UP: \_\_\_\_\_ DATE OF DELIVERY: \_\_\_\_\_

**2. CLAIMANT'S CURRENT ADDRESS**

APT #: \_\_\_\_\_ STREET NUMBER: \_\_\_\_\_  
STREET: \_\_\_\_\_ CITY: \_\_\_\_\_  
PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

**3. WHAT WAS THE NAME AND DESCRIPTION OF THE MEN WHO MOVED YOU?**

**4. CONTRACT NO OR INVOICE NO:** \_\_\_\_\_

**5. HOW DID THE DAMAGE OCCUR? WHEN WAS THE FIRST TIME YOU NOTICED THE DAMAGE?**

**6. ADDRESS WHERE DAMAGE OCCURRED**

APT #: \_\_\_\_\_ STREET NUMBER: \_\_\_\_\_  
STREET: \_\_\_\_\_ CITY: \_\_\_\_\_  
PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

**7. DESCRIPTION OF DAMAGED ARTICLE(S)**

**8. NATURE AND EXTENT OF DAMAGE**

**9. DATE OF PURCHASE AND DATE OF PURCHASE PRICE:** \_\_\_\_\_

**10. DID YOU WITNESS THE DAMAGE OCCUR?**

I am the owner of the property described. I did not cause or contribute to the damage set forth TOTALS herein. All statements made in this statement of claim and any attached documents are true and correct to the best of my knowledge and belief, and constitute my complete and entire claim. No material information has been withheld.  
I have not filed a claim for these damages with any other company or agency

The value of my shipment was \$ \_\_\_\_\_

\_\_\_\_\_  
CLAIMANT'S SIGNATURE AND DATE