

# Smyth Moving Service, Inc.

# CLAIM FORM

# LIST OF PROPERTY AND CLAIMS ANALYSIS CHART

P.O. Box 75165, Seattle, WA 98175-0165

Phone: (206) 522-2518; (800) 827-8218

Fax: (206) 729-0847

email: [claims@intclaims.com](mailto:claims@intclaims.com)

[www.smythmovers.com](http://www.smythmovers.com)

1. Claimant's Name:		2e. Email address			2g. Cell number		3. Pick-Up Date		4. Delivery Date		21. Smyth Reg / Move No		
2a. Address:		2b City:	2c State:	2d Zip	2f. Work Phone:		2e. Home Phone:		22. GBL No.		23. Claim No.		
5. Line	6. Qty	7. LOST OR DAMAGED ITEMS: (Describe the item fully, including the brand name, model and size. List nature and extent of damage. If missing, state "MISSING")	8. Inv. No.	9. Original Cost	10. Date of Purchase	11. AMOUNT CLAIMED		14. Origin Agent		17. Delivery Agent		19. Val Type	24. Net Wt
						a. Repair Cost	b. Replace Cost	15. Inventory Date		18. DD1840/R Date		25. Amount Allowed	
12a. Signature. I certify that this submission constitutes my entire claim under this shipment.			12b Date	13. Total					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.				Total
				Total Claimed									