

PLEASE RETURN FORM TO

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**FEDERAL GOVERNMENT  
STATEMENT OF CLAIM**

This form is applicable for shipments transported under authority of Atlas Bill of Lading with properly assigned Atlas registration number.



485 N. Service Rd E.  
P. O. Box 970  
Oakville ON L6J 5M7

Tel: (905) 844-0701  
Fax: (905) 844-1460  
Email: CS@ATLASVANLINES.CA

**INSTRUCTIONS TO CUSTOMER: THERE IS A 90 DAY TIME LIMIT TO FILE A CLAIM FROM DELIVERY DATE**

- 1 If DAMAGE claim do not proceed with repairs, replacement or disposal as carrier reserves the right to inspect all items and to appoint repair firm(s) if required.
- 2 If LOSS claim - describe item(s) in detail, where and when last seen. Give name of present occupant of former residence or name/phone number of Landlord/Real Estate Broker.
- 3 Attach copies of original receipts, appraisals where possible. If additional space required, attach separate sheet to claim form.
- 4 Atlas retains salvage rights.
- 5 Atlas Van Lines reserves the right to require notarized statements or affidavit.

NAME			REGISTRATION NO.		VALUATION	
PRESENT ADDRESS	PROVINCE	POSTAL CODE	ORIGIN ADDRESS		DATE LOADED	
CITY	EMAIL		ORIGIN CITY	ORIGIN PROV.	DATE DELIVERED	
HOME TEL	BUS. TEL	FAX	INVENTORY TAG COLOUR		LOT NUMBER	
EMPLOYER						

INVENTORY TAG NO.	ARTICLE (MAKE / MODEL)	DAMAGE DESCRIPTION OR INDICATE IF MISSING	WEIGHT OF ARTICLE	AGE OF ARTICLE	PURCHASE PRICE	AMOUNT CLAIMED
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9						
10.						
11.						
12.						
13.						
14.						
15.						

NOTE: MUST DATE & SIGN:

DATE

CUSTOMER'S SIGNATURE

(PLEASE SIGN HERE)

I solemnly swear that the information on this claim form and in my exhibit(s) is true and complete to the best of my knowledge and belief.  
No material fact is withheld that should be included and this is a complete and accurate statement of all loss and /or damage to be claimed in connection with this shipment. Failure to sign will cause return of form for signature.