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## 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 60 DAY TIME LIMIT

- 1 No carrier is liable for loss, damage or delay to any goods unless the statement of claim is received by the carrier within "60 days" from date of delivery.
- 2 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.
- 3 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.
- 4 Attach copies of original receipts, appraisals where possible. If additional space required, attach separate sheet to claim form.
- 5 Atlas retains salvage rights.
- 6 Atlas Van Lines reserves the right to require notarized statements or affidavit. BILL OF LADING CHARGES MUST BE PAID IN FULL PRIOR TO CLAIM SETTLEMENT.
- 7 No additions to the original claim or any additional claims will be accepted.

NAME			REGISTRATION NO.		VALUATION
PRESENT ADDRESS	PROVINCE	POSTAL CODE	ORGIN ADDRESS		DATE LOADED
CITY	EMAIL		ORGIN CITY	ORGIN 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.						

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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.