



Division of

L&J Transportation Companies, Inc.
 36 Mountainside Road
 Temple, PA 19560

Division of L&J Transportation Companies, Inc.
 PA PUC #109787

We are sincerely sorry for any problems that occurred on your recent move.

L&J believes that good Customer Relations should not end with "Red Tape". For this reason a SHORT FORM claim form can be found at the bottom of this letter. It can be filled out in about 60 seconds and no notarization is required.

If you desire, you may fill out the more detailed claim form attached. Whichever form you choose to complete, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY, AS IT WILL ENABLE US TO EXPEDITE THE PROCESSING OF YOUR CLAIM. If necessary, L&J Moving and Storage reserves the right to inspect damaged items to establish carrier liability.

We do hope we have been of some assistance to you in filing your claim.

L&J Moving and Storage
 CLAIMS DEPARTMENT



DATE: _____
 B/L NO.: _____

SHORT FORM CLAIM

Did the driver deliver any items that is not your property? Yes No Please explain below*

*

ALL LOSS AND/OR DAMAGE MUST BE ON THIS FORM. NO ADDITIONAL CLAIM ACCEPTED.

FOR CLAIMS IN EXCESS OF \$150.00, COMPLETE FORM ON NEXT PAGE.

The damage (was); (was not) called to the driver's attention at delivery. I have examined the inventory showing the condition of my household goods at pick-up and new damage is as follows:

Inv. No.	Item	Date Purchased	Original Cost	New Damage and Location of Damage

I will settle for \$ _____ \$25 \$35 \$45 \$50 \$75 \$100 \$150

ALL OUTSTANDING CHARGES MUST BE PAID BEFORE CLAIM SETTLEMENT CAN BE MADE.

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

ORIGINAL



STATEMENT OF CLAIM

IF YOU COMPLETE THE SHORT CLAIM FORM, IT IS NOT NECESSARY TO COMPLETE THIS FORM

ALL LOSS AND / OR DAMAGE MUST BE ON THIS FORM, NO ADDITIONAL CLAIM ACCEPTED

MOVED FROM _____ <small>Name of Shipper or Consignee on Bill of Lading</small>	MOVED TO _____ <small>Name of Consignee</small>
_____ <small>Old Street Address</small>	_____ <small>New Street Address</small>
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
_____ <small>Warehouse Name if Shipment Originated at Warehouse, City & State</small>	_____ <small>Warehouse Name if Delivered to Warehouse, City & State</small>

IMPORTANT

Was your shipment picked up from a storage facility? Yes No

Was your shipment delivered to a storage facility? Yes No

To expedite your claim, enter Bill of Lading No. : _____

Did the driver deliver any items that do not belong to you? Yes No Please explain below*

To who was the claim first reported? _____ Date Reported _____

Loading date at residence _____ Delivery Date _____

If claim is for breakage or shortage to items packed in container, give following information concerning those specific containers:

By whom packed _____ By whom unpacked _____ Date Unpacked _____

Was packing container of article claimed damaged in good condition? Yes No Please explain below*

Date damage was discovered _____ Was driver aware of damage or shortage? Yes No Explain Below*

Did you carefully check items and condition of shipment against the inventory at the time of delivery before signing same? _____

IMPORTANT - GIVE COMPLETE INFORMATION IN ALL COLUMNS. (If Addl. Space is needed use separate sheet of paper.)

Inventory Number for Articles Claimed	Name of Item	Location and Extent of Damages (If loss so indicate)	Date Purchased	Original Cost	Weight of Item	Amount Claimed	Home Office Use Only	
							Amount Paid	Adjusting Code

The actual cash value of my shipment was \$ _____

Quality Control (Driver _____ Packer _____ Whse _____)

Were you satisfied with L&J's overall service? Yes No

If NOT we would sincerely appreciate your comments so we can take action. _____

* _____

The undersigned makes a solemn oath to the truth of statements contained herein. For the purpose of obtaining settlement on the above claim. I hereby request \$_____ which is to be considered as a full release and discharge from any and all claims and demands against the carrier, his agents, or insurer of this shipment. ALL OUTSTANDING CHARGES MUST BE PAID BEFORE CLAIM SETTLEMENT CAN BE MADE.

NOTARIZATION NOT REQUIRED ON CLAIMS TOTALING LESS THAN \$200.00

STATE OF _____

COUNTY OF _____

Sworn to before me this _____ day of _____ 20_____

(Notary Public)

(Date) HOME # _____

WORK# _____

(Signature of Claimant)

ORIGINAL