

# **SUGARHOUSE**

**MOVING & STORAGE**

1736 South 4250 West  
Salt Lake City, Utah 84104  
Phone: 800-409-9360 • Fax: 801-975-1519

Dear Customer:

We are sorry to learn from your recent notification that your shipment did not arrive at destination in the same condition as when entrusted to Sugar House Moving and Storage for handling and movement.

Enclosed please find a CLAIM FORM that needs to be completed by you and forwarded to Sugar House Moving and Storage. In order to expedite the settlement process the following information must be obtained:

**Inventory Number**  
**Description of Item & Damage**  
**Did Sugar House Moving and Storage Pack the Item?**  
**Weight**  
**Cost**  
**Date of Purchase**  
**Amount Claimed**

Please make sure that you have completed the claim form in it's entirety including your signature, and have attached all necessary paperwork in order for Sugar House Moving and Storage to adjudicate your claim properly. An incomplete STATEMENT OF CLAIM may be returned and can delay the claims process.

Claims for damage/missing must be filed and received within two (2) months from delivery. Do not discard any damaged items and/or cartons; do not proceed with any repairs or replacements. The Claims Representative must make the necessary determination.

Your cooperation in the completion and return of this form is sincerely appreciated.  
Thank you for your assistance.  
Sincerely,

Sugar House Moving and Storage  
Claims Department



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BILL OF LADING

**STATEMENT OF CLAIM**

Please use this form to register a claim for loss or damage to items as a result of a move done by Sugar House Moving and Storage. **Claims for damage/missing items must be filed and received within two months (60 days) from delivery.**

**INSTRUCTIONS:**

1. Complete ALL information for prompt handling of your claim.
2. Identify all item(s) and type of damage. Include: Inventory Number(s), Weight of Item(s), Original Cost, Date Acquired and Amount Claimed. Failure to provide all information may delay the claim process or result in denial of your claim.
3. For lost items list contents of containers and include evidence of ownership and value.
4. Include copies of your Order for Service, Bill of Lading and Inventories.
5. Sign and date and return to address above.

**"DO NOT DISCARD DAMAGED ITEMS OR CRUSHED CARTONS/BOXES. DO NOT PROCEED WITH ANY REPAIRS OR REPLACEMENTS UNTIL THE ADJUSTER MAKES THE NECESSARY DETERMINATION."**

Claimant Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Loading Date: \_\_\_\_\_ Cartons Packed by: \_\_\_\_\_  
 Delivery Date: \_\_\_\_\_ Unpacked by: \_\_\_\_\_  
 Storage Dates (If stored) and Storage Location: \_\_\_\_\_  
 COVERAGE SELECTED:\$ \_\_\_\_\_  
 \$.60 Pound  FULL VALUE: AMOUNT \_\_\_\_\_ DEDUCTIBLE AMOUNT \_\_\_\_\_

Inventory	Description of Item	Description of Damage	Did SHMS Pack This Item?	Weight	Cost To Replace	Date of Purchase	Amount Claimed
<b>TOTAL</b>							

By making this claim, the undersigned hereby warrants that he/she is authorized to submit this claim on behalf of the shipper/consignee, and hereby consents to the disclosure of the information provided herein and all other information about the claim to Sugar House Moving & Storage. INFORMATION CONTAINED IN THIS CLAIM IS TRUE AND ACCURATE AND CONSTITUTES MY ENTIRE CLAIM FOR LOSS OR DAMAGE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE RETAIN ONE COPY FOR YOUR RECORDS**