

NAME OF CARRIER BIG T MOVERS

PHONE: 404-312-3610

MAILING ADDRESS 225 CURIE DR SUITE 900

CITY AND STATE ALPHARETTA, GA 30005

**SECTION 11904 (a) (2) OF Title 49 of the United States Code makes it a crime subject to a fine of up to \$5,000.00 and imprisonment for up to two years to knowingly and willfully file a false claim with a motor carrier**

**PRESENTATION OF LOSS AND DAMAGE CLAIM**

Claimant's name \_\_\_\_\_

E-MAIL \_\_\_\_\_

CARRIER'S ORDER NUMBER \_\_\_\_\_

Claimant's address \_\_\_\_\_  
Address City State Zip Code

Move Date: \_\_\_\_\_

Moved From \_\_\_\_\_  
(City and State)

Moved to \_\_\_\_\_  
(City and State)

Was the loss and/or damage for which you are now filing claim noted on shipping papers at time of delivery? Yes No

If no, please state why not: \_\_\_\_\_

**DETAILS OF CLAIM**

Please give full particulars to the best of your knowledge. In describing articles, give as much information as possible, such as : color, finish, kind of material, pattern, design, model number, serial number, trade name, manufacturer's name, etc.

**DO NOT DISPOSE OF DAMAGED ITEMS UNTIL CLAIM IS SETTLED**

Invoice number	Article	Estimated weight	Description of damage	Purchased from whom	Date purchased	Purchase price	Amount Claimed

The foregoing statement of facts is hereby certified as correct

Total Amount Claimed: \_\_\_\_\_

Signature of Claimant: \_\_\_\_\_

Date: \_\_\_\_\_

Claimant's Phone #: \_\_\_\_\_