



EXECUTIVE OFFICES
2800 W ROOSEVELT ROAD - BROADVIEW, ILLINOIS 60155-3756
ROOSEVELT and GARDNER ROAD
TELEPHONE: (708) 450-2900
FAX: (708) 450-9320
www.nationalvanlines.com

Dear Customer:

We regret your move has given you cause for complaint. Every effort will be made to promptly process your claim.

After your claim is received, National Van Lines will acknowledge your claim within 30 days. You will receive a post card which is your notification that we have your claim. If you do not receive the post card within 30 days, please call the Claims Department.

Once your claim has been set up in this office, it will be necessary for an adjuster to examine your claim and your relocation documents to see what steps are necessary to process your claim. Since all claims are processed in the order they are received, we ask for your patience during the review process.

Please keep in mind that the carrier has the right to thoroughly investigate all claims.

If there was any loss noted at the time the shipment delivered, we contact the driver and any other parties whose shipments may have moved on the van in an effort to locate the item. Some of these shippers may not have a telephone and it becomes necessary to write them. A slow response can lengthen the settlement period. Also, some of those shipments may have gone into a warehouse for storage for 30 days or more.

Please make certain that you have checked your shipment carefully. Some customers thought they had losses only to call us later and advise they had located the item. Look in closets, basement, garage, dresser drawers, etc.

We have had some instances where items have been given away at origin, which resulted in a loss claim being filed. It would also be beneficial to check the origin residence to see if anything was left in the closets or the basement.

If necessary, National Van Lines reserves the right to inspect damaged items to confirm transit damage. Please do not dispose of, repair, or relocate damaged items until after your claim has been processed.

For your convenience, our toll-free number is 1-800-365-0113.

We appreciate our having used our services and wish you the very best in your new location.

NATIONAL VAN LINES INC.
Claims Department



US DOT 76628

EXECUTIVE OFFICES
NATIONAL VAN LINES, INC.
2800 W ROOSEVELT ROAD, BROADVIEW IL 60155-3756

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

National believes that good Customer Relations should not end with "Red Tape". For this reason a SHORT FORM claims 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 form attached. Whichever form you choose to complete, PLEASE COMPLETE THE FORM IN ITS ENTIRETY, AS IT WILL ENABLE US TO EXPEDITE THE PROCESSING OF YOUR CLAIM. If necessary, National Van Lines 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.

NATIONAL VAN LINES, INC
CLAIMS DEPT.



DATE _____
B/L NO. _____

QUALITY CONTROL

Were you satisfied with NATIONAL overall service? YES [] NO [] If NOT we would sincerely appreciate your comments so we can take corrective action.

Did driver deliver any items not your property? YES [] NO [] Please explain below*

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

SHORT FORM CLAIM

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:

Table with 5 columns: Inv. No., Item, Date Purchased, Original Cost, New Damage and Location of Damage. Includes a watermark: FURNISH COPIES OF ANY DOCUMENTS WHICH SHOW ANY LOSS OR DAMAGE AT THE TIME YOUR SHIPMENT WAS DELIVERED

I will settle for [] \$ [] \$25.00 [] \$35.00 [] \$45.00 [] \$50.00 [] \$75.00 [] \$100.00 [] \$150.00

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

Name _____ Phone _____ Area Code _____
Address _____ City _____ State _____ Zip _____



STATEMENT OF CLAIM

BROADVIEW, ILLINOIS 60155-3756
US DOT 76628

IF YOU COMPLETE THE SHORT CLAIM FORM, IT WILL NOT BE NECESSARY TO COMPLETE THIS FORM.

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

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

To expedite your claim, enter Bill of Lading No. shown on NATIONAL Bill of Lading _____.

Was your shipment picked up from a storage facility? YES NO

Was your shipment delivered to a storage facility? YES NO

Did driver deliver any items that did not belong to you? YES NO Please explain below*

To whom claim was first reported _____ Date reported _____

Loading date at residence _____ Delivery date _____

If claim is for breakage or shortage to items packed in containers, 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 Explain below*

Date damage was discovered _____ Was driver aware of damage/shortage? YES NO Explain below*

Date shortage was discovered _____ By whom discovered _____

Before signing, did you carefully check items and condition of shipment against the inventory upon delivery? _____

IMPORTANT: GIVE COMPLETE INFORMATION IN ALL COLUMNS. (If add. space is needed, use a 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

FURNISH COPIES OF ANY DOCUMENTS WHICH SHOW ANY LOSS OF DAMAGE AT THE TIME YOUR SHIPMENT WAS DELIVERED.

The actual cash value of my shipment was \$ _____

QUALITY CONTROL DRIVER _____ PACKER _____ WHSE _____

*Were you satisfied with NATIONAL overall service? YES NO If NOT we would 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

(Date) (Area Code) (Phone Number) HOME#

STATE OF _____
COUNTY OF _____

ALL CLAIMS MUST BE SIGNED!

Sworn to before me this _____ day of _____ 20 _____

(Signature of Claimant)

(Notary Public)

(Present Address)

My Commission expires _____

(City) (State) (Zip Code)

WORK#