



STATEMENT OF CLAIM

Email: claims.relo@transguard.com

1-888-809-2319

Name		Current Address		Origin Address	
Email Address		Home Phone:		Employer	
		Office:			
		Other:			
Contract No.	Name and Address of Local Van Line Agent			Date of Pick-Up	Date of Delivery
Order No.					
Bill of Lading No.					

**SEE BACK OF YOUR COPY FOR INSTRUCTIONS
PLEASE COMPLETE SECTION BELOW – TYPE OR PRINT**

Inventory Item #	ARTICLE Describe in Detail	NATURE OF CLAIM If Damage, Describe Extent	Purchased Mo – Yr.	Purchase Price	AMOUNT CLAIMED	FOR ADJUSTER'S USE ONLY
TOTAL						

It is understood that losses from an interstate or International shipment may be reported to the F.B.I which has investigative jurisdiction under Federal Laws regarding interstate or Foreign Commerce.

FRAUD WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information materially related to a claim is provided by the claimant.

NY -Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I am the owner of the property described. I did not cause or contribute to the damage set forth herein.

The actual cash value of my shipment was \$ _____

I certify by my signature below that I have read and agree to all fraud warnings contained in this form and that all statements made in this statement of claim, and any attached documents are true and correct to the best of my knowledge and belief. No material information has been withheld. I also hereby assign and transfer to TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. ("TRANSGUARD") any and all claims and recoveries arising out of the shipment of my household goods. I hereby authorize the carrier to release any and all moving documents to TRANSGUARD.

CLAIMANT'S PRINTED NAME

CLAIMANT'S SIGNATURE

DATE

STATEMENT OF CLAIM INSTRUCTIONS:

1. Complete front of claim form in full. **HELP US TO HELP YOU** – By returning the Statement of Claim, **completed and signed**, as soon as possible to TRANSGUARD along with a legible copy of the carrier's Bill of Lading, Inventory, and/or Delivery Receipt.
2. Claims must be submitted in writing within **90 days from the day of delivery for Domestic shipments or 45 days from the day of delivery for International shipments**. No claim will be considered registered until TRANSGUARD has received a completed "Statement of Claim" signed by the claimant. TRANSGUARD or its claim representative reserves the right of inspection of items claimed. Do not proceed with repairs or replacement until we have had an opportunity to examine your completed Statement of Claim and determined the course of action necessary.
3. Please complete the top section of the Statement of Claim form in its entirety. All sections must be completed in order for us to effectively handle your claim. The middle section should be completed as outlined below.
 - a. Inventory Item # – This is the number the van line assigned to each article on the descriptive inventories.
 - b. Article – Provide a brief description of what is being claimed, i.e. 50" Sony Television, Baker Dining Room Table, 4 Piece Sectional Sofa.
 - c. Nature of Claim – Provide a brief description of what type of damage you are claiming, i.e. Missing, Top Scratched, Leg Broken, Does Not Turn On.
 - d. Purchased – This is the date you originally purchased this item or the date it was gifted to you. Please provide your best estimated date if you do not know the exact date.
 - e. Purchase Price – This is the amount originally paid for this item.
 - f. Amount Claimed – Provide a dollar amount for each item being claimed.
4. Loss claims for individual packed items, when all containers are receipted for, will not be honored in the absence of other evidence of loss. Loss claims not confirmed by the delivery receipt will not be honored. Confirmed losses will be traced by the carrier. Tracing procedures often take up to 90 days from the time the carrier receives an adequate description of the missing item from the customer.
5. In the absence of external damage or other proof, we are not liable for mechanical or electrical malfunction of items shipped. These devices often fail for reasons other than transportation, or from normal vibration incidental to transportation. Proper servicing before and after shipping is the customer's responsibility. Until or unless we acknowledge liability, service calls to inspect or repair said defects are at the risk and expense of the claimant.

FRAUD WARNING

- AK** - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
- AZ** – For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- AR, LA, MD, RI & TX** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- CO** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- DE** – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- DC** – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- FL** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- KY** - Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- ME, TN, VA & WA** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- MN** – A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NH** – Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
- NJ** - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- NY** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- OH** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- PA** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.