

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

NAME OF CARRIER BIG T MOVERS **PHONE** 404-312-3610

MAILING ADDRESS 380 WINKER DR SUITE 400 **FAX** 678-691-6725

CITY AND STATE ALPHARETTA, GA 30004

PRESENTATION OF LOSS AND DAMAGE CLAIM

Claimant's Name _____ E-MAIL _____ Carrier's Order Number _____

Claimant's Address _____ Move Date _____
Address City State Zip Code

Moved From _____ Moved To _____
(City & State) (City & 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 Claim _____

Date _____ Claimant's Phone (_____) _____

Signature of Claimant _____