396 ANDREW ST, NEWMARKET, ON L3Y 1H4, CANADA
TEL: 416 238 2615 FAX: 416 352 0159 E-mail: info@movetrans.com

CLAIM FORM

NAME OF CLAIMANT:
STREET:
CITY/PROV:
POSTAL CODE:
COUNTRY:
PHONE (HOME):
PHONE (WORK):

EMPLOYER (IF APPLICABLE):
REF#:
DATE LOADED:
DATE DELIVERED:
MOVED FROM (CITY, COUNTRY):

INSURED VALUE:

INVENTORY#	ARTICLE	DESCRIPTION OF DAMAGE	DATE PURCHASED	ORIG. COST	REPL. COST	REPAIR COST

_____ _____
CLAIMANT'S SIGNITURE DATE

PLEASE FAX TO: 905 722 7556
OR MAIL TO: MOVETRANS INTERNATIONAL
208 HEDGE RD, RR2
SUTTON WEST, ON
L0E 1R0
CANADA