PLEASE RETURN FORM TO

STATEMENT OF CLAIM

This form is applicable for shipments transported under authority of Atlas Bill of Lading with properly assigned Atlas registration number.

Atlas Van Lines (Canada) Ltd.

485 N. Service Rd. E.,
P.O. Box 970,
Oakville, Ontario L6J 5M7
Tel: (905) 844-0701 Fax: (905) 844-1460
Email: CUS@ATLASVANLINES.CA

INSTRUCTIONS TO CUSTOMER: THERE IS A 60 DAY TIME LIMIT.

1. No carrier is liable for loss, damage or delay to any goods unless the statement of claim is received by the carrier within "60 days" from date of delivery.
2. If DAMAGE claim -- **do not proceed** with repairs, replacement or disposal as carrier reserves the right to inspect all items and to appoint repair firm(s) if required.
3. If LOSS claim -- describe item(s) in detail, where and when last seen. Give name of present occupant of former residence or name/phone number of Landlord/Real estate broker.
4. Attach copies of original receipts, appraisals where possible. If additional space required, attach separate sheet to claim form.
5. Atlas retains salvage rights.
6. Atlas Van Lines reserves the right to require notarized statements or affidavit. **BILL OF LADING CHARGES MUST BE PAID IN FULL PRIOR TO CLAIM SETTLEMENT.**

NAME		☐ MR ☐ MRS ☐ MS	REGISTRATION NO.		VALUATION
PRESENT ADDRESS			ORIGIN ADDRESS		DATE LOADED
CITY	PROVINCE	POSTAL CODE	ORIGIN CITY	ORIGIN PROV.	DATE DELIVERED
HOME TEL	E-MAIL		INVENTORY TAG COLOUR		LOT NUMBER
EMPLOYER	BUS.TEL:	FAX:	TYPE OF MOVE ☐VAN ☐CONTAINER	CONTAINER NUMBERS ____ ____ ____ ____ ____	

(TYPE INFORMATION OR PRINT USING BALL POINT. PRESS HARD AS FOUR COPIES ARE BEING MADE.)

	INVENTORY TAG NO.	ARTICLE (MAKE / MODEL)	DAMAGE DESCRIPTION OR INDICATE IF MISSING	WEIGHT OF ARTICLE	AGE OF ARTICLE	PURCHASE PRICE	AMOUNT CLAIMED	OFFICE USE ONLY Adjusters Column
1								
2								
3								
4								
5								
6								
7								
8								

NOTE: MUST DATE & SIGN ▶ **DATE** _____ **CUSTOMERS SIGNATURE** _____

(PLEASE SIGN HERE)

I solemnly swear that the information on this claim form and in my exhibit(s) is true and complete to the best of my knowledge and belief. No material fact is withheld that should be included and this is a complete and accurate statement of all loss and /or damage to be claimed in connection with this shipment. Failure to sign will cause return of form for signature.

A.V.L. ADJUSTER OR DESTINATION AGENTS USE ONLY.

CLAIM RECEIVED BY AGENT	☐ AGENT TO SETTLE	REMARKS
DATE RECEIVED	☐ ATLAS TO TRACE	
VISUAL INSPECTION BY	☐ ATLAS FORWARD DOCUMENTS	
ESTIMATED TOTAL COST $	☐ URGENT, NEED HELP	

AVL OFFICE ONLY		
DATE		
BOOKER		
O/A		
PACKER		
HAULER/LOADER		NAME
HAULER/UNLOADER		
HAULER		
WHSE		
WHSE		
DEST.AGENT		
UNPACKER		

REV.11/00

WHITE: ATLAS VANLINES **PINK & YELLOW:** DESTINATION **GOLDENROD:** CUSTOMER