



"We move your furniture the Safeway"

CLAIM FORM

Head Office 1-888-999-2197
190 Brockley Drive, Unit # 1
Hamilton, On L8E 3C5

The terms and conditions governing this move require this claim to be received by Safeway Movers Inc. within 14 days from the date of delivery for resolution. Safeway Movers Inc. will acknowledge and respond to claims by telephone or email only, no later than 30 business days of receiving claim forms. All claims submitted are subject to the terms and conditions on the bill of lading/ Invoice and are subject to the valuation of the goods declared on the face of the bill of lading/ Invoice. Unless otherwise stated on the bill of lading/ Invoice a \$100.00 deductible applies to all claims submitted for review. The deductible must be paid in full, prior to claim resolution.

Contact Name			
Current Address			
City	Apt. #	Prov.	Postal code
Home phone		Cell phone	
Work phone		Email	
Invoice #		Move Date	
Valuation Type		Amount of Valuation \$	

DETAILS OF CLAIM

ALL ITEMS IN BOXES BELOW ARE TO BE SUBMITTED WITH BEST OF CUSTOMERS KNOWLEDGE TO PROCEED WITH A CLAIM. PLEASE NOTE AS MUCH DETAIL AS POSSIBLE

Do not discard any damaged items. Damaged items must be kept present for inspection, Photographs, Repairs and/ or Replacement, and Insurance records.

Item Description		
Tag # or Inventory #		
Location of Damage on item		
Date item/ article acquired/ purchased		
serial #	manufacturer	
model #	Pattern	Color
Original purchase price \$	Depreciation Amount \$	
Replacement Amount \$	Repair Amount \$	

No additions or modifications will be accepted after completion/ submission of this claim Form.

READ CAREFULLY BEFORE SUBMITTING CLAIM

The undersigned attests that the statements above and the documents attached are true and correct and constitute the complete and entire claim. It is further agreed that this form does not constitute an admission of responsibility by the carrier, but is merely assistance in presenting the claim for consideration. Upon completion of repairs, replacement and/ or cash settlement of any items named above accepted as liability by the carrier, the undersigned hereby releases and forever discharges the carrier from any further claim under the above contract.

THE ABOVE CONSTITUTES MY COMPLETE AND ENTIRE CLAIM

Customer Name (please print) _____

Customer Signature _____ Date _____

PLEASE PRINT CLAIM FORM VIA ONLINE AND SUBMITT BY MAIL ONLY