



# On Time Moving and Storage

5830- US Hwy 1 South  
Saint Augustine, FL 32086  
Office: 904.794.1200  
Fax: 904.823.0760

E-mail: [ontimemoving18@gmail.com](mailto:ontimemoving18@gmail.com)  
Website: [www.ontimemovingandstorage.net](http://www.ontimemovingandstorage.net)

**DOT-1447613**  
**MC-547090**

*On Time Moving and Storage does not process moving claims with oral communication! Therefore, you must fill out this form and MAIL, FAX, OR EMAIL IT BACK to On Time Moving and Storage. **Unless additional insurance was purchased companies maximum liability is \$1.20 per pound unless otherwise stated by Claims Representative. Please include on this form, all articles that you claim are either lost or damaged. . (We Recommend Certified Mail) Once this form has been submitted, you may not add to it.***

\_\_\_\_\_ (Insert Today's Date) Claim No.: \_\_\_\_\_ (Office Use Only)

**Carrier: On Time Moving and Storage Authority: Tariff #2**

**Claimant:** \_\_\_\_\_ [Claimant's Name] **Date of Shipment:** \_\_\_\_\_

**Claimant's Address:** \_\_\_\_\_ (Customer Address)

**Point of Origin:** \_\_\_\_\_ **Destination:** \_\_\_\_\_

### Statement of Loss or Damage

No. of Items: \_\_\_\_\_

**THE AMOUNT CAN NEVER EXCEED ACTUAL CASH VALUE OF AN ITEM**

Article Name	Loss or Damage	Est weight of Article	Inventory Number	Date Acquired	Present Value	Value of Article (Weight x \$1.20)	Notes

Your claim cannot be settled unless all charges are paid in full. Your claim can be handled quicker if you attach a repair estimate from a reliable repairman, as well as multiple pictures of each damaged item.

**The undersigned, signer of the foregoing statement, hereby makes a solemn oath to the truth of statements contained herein, and exhibits attached hereto and that no material fact is withheld that should be included in the report. For the purpose of obtaining money on the above claim I hereby demand \$\_\_\_\_\_ which is to be considered as a full release and discharge from any and all claims and demands accruing prior to this date, and particularly from any and all claims and demands rising out of the transportation described in the foregoing statement.**

**Remarks:**

\_\_\_\_\_

The foregoing statement of facts is correct.

\_\_\_\_\_ [Your Signature] \_\_\_\_\_ [Print your name]

**In making this claim, you must be prepared to justify the value you have placed on the lost or damaged articles. Remit any documents which would be required in support of your claim. This form must be signed by the claimant who is the owner of all items claimed to be lost or damaged. Complete this form and mail it to the attention of the Claims Department. If form is not filled out completely claims may not be processed. If form is altered in any way claims will not be processed and criminal charges may occur.**