



DELAY CLAIM FORM

CLAIM SERVICES DEPT.
 P.O. Box 449
 Westmont, IL 60559
 1-800-470-2851 (Option 2) / Fax: 1-630-570-3270 or 1-630-570-3277
 claims@alliedvan.com
 www.alliedvan.com

Registration Number
①

**CUSTOMER: BEFORE COMPLETING THIS FORM PLEASE READ INSTRUCTIONS.
 IMPORTANT: THIS CLAIM MUST BE RECEIVED WITHIN 30 DAYS OF THE DELIVERY DATE**

- ② Customer Name: _____
- ③ New Address: _____ City: _____ State: _____ Zip: _____
- ④ Old Address: _____ City: _____ State: _____ Zip: _____
- ⑤ Home Telephone No. () _____ Work Telephone No. () _____ Fax No. () _____
- ⑥ Actual Load Date: _____ ⑦ Agreed Load Period Date(s) Shown on the Bill of Lading _____
- ⑧ Actual Delivery Date: _____ ⑨ Agreed Delivery Period Date(s) Shown on the Bill of Lading _____
- ⑩ Number of Persons in Household: _____ ⑪ Is your employer reimbursing you for any expenses related to the delay in the loading or delivery of your shipment? Yes No
 Adults _____ Children 12 years old and under _____
- ⑫ Was shipment loaded or delivered from an Allied warehouse? Yes No
 If yes, show Agent Name/City/State _____

<i>Itemize Expenses Below:</i>	<i>Amount Claimed</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<i>Total Amount Claimed</i>	\$ _____

For Immediate Consideration, Attach All Receipts. Due to Allied's concern for credit card security, please "blackout" your credit card account number on any receipts submitted to support your claim. If additional space is required to itemize your expenses, please continue on a separate sheet of paper. Be sure to include your shipment registration number on all attachments.

Comments: _____

The above statement of facts is hereby certified to be correct.

_____/_____/_____
 Signature of Customer Date Completed

THIS FORM IS NOT VALID UNLESS SIGNED BY CUSTOMER

INSTRUCTIONS FOR COMPLETING YOUR CLAIM FORM

- I. To fill out this delay claim form, you will need your copy of the Uniform Household Goods Carrier's Bill of Lading and freight bill.

- II. Please complete each section as outlined below:
 - Section 1: Registration number: This can be obtained from the upper right hand corner of the Bill of Lading.
 - Section 2: Customer name: If you are filling out the form but are not the shipper, enter your name first and then the shipper's name.
 - Section 3: Enter your present address, city, state and zip code. This address should be where you can be contacted for information about your claim.
 - Section 4: Enter the address, city, state and zip code of the location you moved from.
 - Section 5: Enter telephone numbers where you can be contacted; include home and business telephone numbers with the extension number, if applicable. If you have a fax machine available, please include your fax number.
 - Section 6: This is the date Allied loaded your shipment.
 - Section 7: This is the agreed loading period on your Bill of Lading or Change Order for the loading of your shipment.
 - Section 8: This is the date Allied delivered your shipment.
 - Section 9: This is the agreed delivery period on your Bill of Lading or Change Order for the delivery of your shipment.
 - Section 10: Please indicate the number of adults and children 12 years old and under who currently reside in your home.
 - Section 11: Please indicate if your employer has or will be reimbursing you for any expenses related to the delay in the loading or delivery of your shipment.
 - Section 12: Indicate if your shipment was stored in an Allied warehouse. If the shipment was in storage in an Allied warehouse, indicate the name of the warehouse and the location.

- III. Itemize Expenses - Please list individual expenses directly attributable to the delay in loading or the delivery of your shipment. Please attach original receipts for the expenses listed. If additional space is needed, please continue this list on a separate sheet of paper; be sure to include your name and shipment registration number on the sheet and attach it to this form.

Dear Customer:

We thank you for allowing Allied Van Lines to be of service in your recent relocation and regret that the transportation of your shipment was not completed to your satisfaction. Our goal is to work with you to promptly and equitably resolve your delay claim.

How to file your claim:

Allied Van Lines' Delay Claim form is attached to enable you to file your claim for delay expenses. Detailed instructions and information are provided on the reverse side of this page to assist you in the completion of this form. Please note the following:

- *All claims must be filed in writing and received by Allied within thirty days of the actual delivery date of your shipment.*
- *Please be certain to sign and date the Delay Claim form.*
- *Your shipment registration number (found in the upper right corner of your bill of lading) should be included on the Delay Claim form and on all attachments to the Delay Claim form.*
- *Please attach your receipts to the Delay Claim form to support the amounts claimed. You may want to keep a photo copy of these receipts for your own records.*

If you have any question concerning filing your delay claim, please do not hesitate to contact Allied Claim Services directly. We look forward to working with you in the resolution of your delay claim.

Mailing Address:
Allied Claim Services
P.O. Box 449
Westmont, IL 60559

Overnight Mail Address:
Allied Claim Services
700 Oakmont Lane
Westmont, IL 60559

Phone Numbers:
1-800-470-2851 (Option 2)
Monday-Friday 9:00 a.m. - 5:00 p.m.
(Please have your shipment registration number available.)

Internet Address: claims@alliedvan.com
www.alliedvan.com

Fax Number: 1-630-570-3270 or 1-630-570-3277

