

CLAIMS PROCEDURES PACKAGE - FILING A CLAIM/COMPLAINT

We extend our sincerest apologies for any damage and/or inconvenience you have incurred throughout the process of your move. Before submitting your claim information, it is important that you fully inspect your household goods and insure that you covered all damaged/missing items.

WHAT IS THE TIME LIMIT TO FILE A CLAIM? For interstate California moves, it is up to nine (9) months from the date of delivery. For local and intrastate moves in all other states than California, it depends on each state regulation. In most states, it is between 15-90 days from the date of delivery.

HOW LONG DOES THE PROCESS TAKE? Once your complete claim package is received, you will receive a written confirmation of your claim approximately 30 days from the date it is received by our office. Processing time does not begin until all requested claim documents and photos are received. Review of the claim will be finalized thereafter, and a written update will be sent to you at that time. As a carrier, we have 120 days to provide a settlement offer for your claim, from the date your complete claim along with all required documents are received by our office. If claims can not be settled or denied within that time frame, an extension notice must be sent to the customer within every consecutive 60 days period.

Documents and photos submitted as part of the claims process cannot be returned to the claimant and become part of our file. Please keep a copy of all documents for your records.

HOW CAN I CHECK THE PROGRESS / STATUS OF MY CLAIM? If you wish to check the status of your claim, PLEASE email us at info@rapidvanlines.com All claims correspondence will be made via email or postal mail. We may call you, if needed, for additional information or clarifications regarding your claim. NOTE: We highly recommend you add our email address to your contact list on your email program. This will ensure email delivery directly to your inbox and not your spam folder.

HOW LONG UNTIL I GET MY CHECK? In most cases settlement checks are mailed out within 10 business days from the date we receive the signed and notarized Settlement of Claim form.

CLAIM FILING INSTRUCTIONS

- Please complete the following forms electronically, or with a black or blue pen ONLY.
- Print all information clearly and legible.
- No cursive writing is allowed. Form must be clearly handwritten or typed. Forms not legible will be returned to sender.
- Please complete ALL blank lines. Forms not completed will be returned to the sender.

Section 1: General Information Form

Section 2: Please indicate the following:

- 1. Inventory Item Number:** This is for long distance or storage moves, or any move where an inventory list was prepared by the movers. You must provide the corresponding inventory item number for each item claimed. This number may be found on your Household Goods Descriptive Inventory Form to the left of each item or on the sticker affixed to the item/box.

2. **Item Name:** Indicate color, material, and type of item (Ex: black leather sofa). For electronic items, appliances, musical instruments, etc. you must provide the make, model number & serial number, along with a copy of the owner's manual for these items.
3. **Description of damage or loss:** For missing or lost items, indicate "missing". For damaged items, describe damage clearly (ex: "wall unit chipped on front of left door & handle missing")
4. **Item packed by:** Indicate "CP" if item was packed/wrapped by movers. Indicate "PBO" if item was packed/wrapped by you. If the item was not wrapped, indicate this and at whose request this was done.
5. **Weight of Item:** You must provide the approximate weight of each item claimed. For customers who have coverage by weight, your claim cannot be reviewed or settled without this information. You may estimate weights for the purposes of this claim, and we will adjust if necessary.
6. **Original purchase date and cost:** You must provide the original date of purchase (month/year) and original purchase cost for each item claimed. Please complete this even if you have been asked to include copies of the purchase receipts.
7. **Amount claimed now:** This is the amount you are claiming for each item in accordance with the valuation coverage you chose for your move. Your claim is not legally filed and will be permanently denied if a specific dollar amount is not included for each item claimed. For customers with coverage by weight, please multiply the weight of each item claimed times the rate stated in your Bill of Lading as well as your Order for Service. For customers with additional valuation coverage, indicate the repair amount sought for damaged items, or the cost for missing parts. For mirror or glass, indicate the cost to replace the mirror or glass only. For missing items or those which are a total loss, indicate the depreciated value.
 - o Please be advised that items, for which you are seeking compensation for the total value by weight or depreciated value, become the property of the mover once the claim is paid, & may be picked up from you for salvage.
 - o For claims involving premises damage (walls, floors, staircases, etc.), please complete item numbers 2, 3, and 7 in section 2. Please describe how damage happened in Section 3. If you are not the legal registered owner of the premises, you must also include a notarized / signed letter from the building owner confirming the damage and amount claimed as well as indicating whether they wish any compensation awarded to be paid to them or to the claimant.

SECTION 1 - GENERAL INFORMATION FORM

- **Please complete the following forms electronically, or with a black or blue pen ONLY.**
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- **No cursive writing is allowed. Form must be clearly handwritten or typed. Forms not legible will be returned to sender.**
- **Please complete ALL blank lines. Forms not completed will be returned to the sender.**

Date of Claim: _____

Order Number: _____

Claimant (Customer) Full Name on Contract:

Current Address: _____ City: _____ State: _____

Zip: _____

Claimant Phone Numbers: Home: _____ Cell:

Claimant Email Address:

Claimant Moved From: _____ (State) Moved to:
_____ (State)

Date of Pickup: _____ Date of Delivery:

Date Shipment Unpacked: _____ By Whom: _____ (Claimant
or Movers)

Claimant claims are for: _____ Loss, _____ Damage, _____ Customer Service Complaint

VALUATION AND/OR 3RD PARTY INSURANCE COVERAGE

NOTE: We must have the following in order to Evaluate your claim and make a settlement recommendation. You can find this information written on either your Bill of Lading or Valuation Selection form. Your claim will be evaluated based upon the valuation coverage you selected and the written descriptions of the condition of your property at delivery as noted on the inventory logs.

- Did you purchase Full Coverage Valuation? _____ (Please write Yes or No)
- Did you select Limited Liability of \$0.60 per lbs.? _____ (Please write Yes or No)
- Did you purchase 3rd Party Insurance Coverage? _____ (Please write Yes or No)

If Yes, Additional Coverage was taken with _____ Policy #:

Have you filed a claim for any of the items/issues in this claim form with any other carrier or organization? _____ (Please write Yes or No). If Yes, provide name and contact information: _____

Was a written notation for loss or damage ever made by you on any of the moving company paperwork at the time of delivery? _____ (Yes or No). ** If Yes, be sure to include this document with your claim form for this information to be considered.

Claimant Print Full Name: _____

Claimant Signature: _____ Date:

SECTION 2 - STANDARD PROOF OF LOSS & DAMAGE CLAIMS

Full Name of Claimant: _____ Date of Filing:

original delivery location until the claim is settled. Carrier reserves the right to salvage items cashed out at a maximum coverage rate.

- We reserve the right to request further information and/or documentation if/as needed.
- Written claims must be received by us within 9 months from the date of delivery or within the statute of limitations prescribed on the Bill of Lading (contract), whichever is sooner.
- The filing of false or improper claims and/or tampering with documents (receipts, moving paperwork, etc.) constitutes fraud and is punishable by fine and/or imprisonment. Any claim found to contain false or improper information will be automatically denied in its entirety. This office reports all fraudulent claims to the appropriate authorities.
- **The undersigned, signer of the foregoing statement, hereby makes a solemn oath to the truth of the statements contained herein (Pages 1 - 6) and all exhibits attached hereto.**

Claimant Print Full Name: _____

Claimant Signature: _____

Date: