

# DAMAGE CLAIM FORM

1. Please make us aware of any damage within 24 hours of your move.
2. We will mail you a damage claim form on the next business day.
3. Please fill it out as completely as possible. Make a copy to keep for yourself.
4. Mail to our office: Here To There Movers  
8470 Allison Pointe Blvd  
Suite 100  
Indianapolis, IN 46250

*Damage claim forms MUST be received within ten days of your move. Use certified mail as proof of dates.*

5. We will review your claim and call to schedule a repair appointment within one week.
6. If we cannot make a repair to your satisfaction, we will cut a check for \$.60/pound of the damaged item.
7. While there, our repair man must get a signature on the form stating that you accept the payment as settlement before a check is issued. The name on the settlement must match the name on the original contract.
8. The claim form/request for payment will be submitted to the owner. The check will be sent within 48 hours.

Customer Name \_\_\_\_\_

Date of original Move: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Helper A: \_\_\_\_\_  
Helper B: \_\_\_\_\_

Damaged Item: \_\_\_\_\_

Damaged Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate Weight of Item: \_\_\_\_\_

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Repaired? Yes or No \_\_\_\_\_ *Office Use Only*  
I accept this repair/check for \_\_\_\_\_ as final

Check # \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_