



Presentation of Loss and/or Damage

Return to: Ace Relocation Systems, Inc.
 PO Box 221075
 San Diego, CA 92192

Phone: 1-800-617-6171
 (858) 677-5500
 (858) 677-5588 Fax

To complete this form, tab through the shaded areas, entering information as necessary. When you reach the signature line type in your name. Attach additional pages as needed. See instruction page below for additional information.

Name of claimant: _____ Date: _____ Registration number _____
 Street address: _____ City: _____
 State: _____ Zip: _____ Phone - home: _____
 work / cell: _____

Name of shipper (if different from claimant): _____
 Moved from: _____
 Delivery address (if different from above): _____
 Delivery date: _____

Section 14904(b)(2) of Title 49 of the United States code imposes a civil penalty of up to \$2,000 for filing a false claim with a motor carrier.

ALSO SEE BACK OF FORM FOR ASSISTANCE.

- 1. Do not dispose of items claimed or repair without authorization.
- 3. Transportation charges must be paid prior to claim settlement.
- 2. Time limit for filing this form is nine months from date of delivery.
(Except for GBL Traffic, Florida, Maryland & Texas please refer to Bill of Lading)
- 4. Incomplete information may delay claim settlement.

Details of Claim

A inventory number	B article-give complete description in remarks	C nature of claim-damage, loss, etc., give details in remarks	D if packed was this carton damaged?	E appox. weight	F article age	G original cost	H replacement cost	I amount claimed	J adjusters use only
			<input type="checkbox"/> yes <input type="checkbox"/> no						
			<input type="checkbox"/> yes <input type="checkbox"/> no						
			<input type="checkbox"/> yes <input type="checkbox"/> no						
			<input type="checkbox"/> yes <input type="checkbox"/> no						
			<input type="checkbox"/> yes <input type="checkbox"/> no						
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			<input type="checkbox"/> yes <input type="checkbox"/> no						
			<input type="checkbox"/> yes <input type="checkbox"/> no						
			<input type="checkbox"/> yes <input type="checkbox"/> no						

If claim includes missing items, describe when and where last seen in remarks. Also give name of present occupant of former residence. If unoccupied, give name and address of landlord or real estate broker. **Note: if claim is to be settled with another party, so authorize under "remarks".**

If shipment was temporarily detained in storage, either at origin or destination, state where:
 Has notice of loss been forwarded to Ace Relocation Systems, Inc.- yes nc

If payment for shortage item(s) is made and shortage item(s) (except perishables and items requiring immediate permanent replacement) are subsequently delivered to the claimant within a reasonable period of time, claimant agrees to accept the items and refund and payments made for the items. Should claimant wish to collect damages on any returned items, the claimant must file a new and separate claim form

I SOLEMNLY SWEAR THAT (1) THE INFORMATION ON THIS CLAIM FORM AND IN MY EXHIBITS IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF; (2) NO MATERIAL FACT IS WITHHELD THAT SHOULD BE INCLUDED; AND (3) THIS IS A COMPLETE AND ACCURATE STATEMENT OF ALL LOSS AND/OR DAMAGE TO BE CLAIMED IN CONNECTION WITH THIS SHIPMENT.

Signature of claimant: _____ Date: _____

When completed, please forward to our claims department: Claim@AceRelocation.com

INSTRUCTIONS FOR PREPARATION OF
PRESENTATION OF LOSS DAMAGE CLAIM FORM

1. Please read the provisions of the Contract Terms and Conditions on the reverse side of your Bill of Lading.
2. No claim will be considered properly presented until Ace has received a completed Presentation of Loss or Damage Claim Form signed by the claimant.
3. Prepare the Presentation of Loss and Damage Claim Form. Return the original to Ace Relocation Systems, Inc., 5608 Eastgate Dr., San Diego, CA 92121-2816. Retain one copy for your records.
4. Keep damaged items, including shipping cartons. These items must be available for inspection. Any repairs before or after inspection must be authorized in advance by Ace or its designated representative.
5. Please type or use a ballpoint pen when completing the claim form. The final copy of the form is for your records, so press firmly.
6. Have the inventory available for the initial inspection and/or estimate.
7. Shortage claims will require a tracer investigation and you should be prepared to submit any supporting documentation needed for processing.
8. If the claim is filed under an Ace full value option, repairs will be Aces' first option. Any replacement considered will be for items of like kind and quality, per Aces' tariff.
9. Ace retains salvage rights.

Specific instructions for the "Details of Claim" section of for:

- A. **INVENTORY NUMBER:** Refer to your inventory sheets and locate the item claimed on the inventory list. If the item was packed in a carton, find the carton it was packed in on the inventory list. The inventory item number in the far left column for the item claimed. List the specific item number that is assigned on the inventory listing.
- B. **DESCRIPTION OF ARTICLE:** Describe each item for which a claim is being made. If missing items are claimed, identify by color, size, pattern, manufacturer and/or brand name, model no., etc. Identify contents of containers as accurately and completely as possible.
- C. **NATURE OF CLAIM:** Indicate type, severity and location of damage on each article.
- D. **ON PACKED ITEMS:** Indicate whether the container was damaged by circling Yes or No and the extent of any damage to the container under remarks.
- E. **APPROXIMATE WEIGHT:** Enter as accurately as possible.
- F. **ARTICLE AGE:** Complete entries in these columns as accurately as possible
- G. **ORIGINAL COST:** Enter what you paid for item.
- H. **REPLACEMENT COST:** Enter cost of item on today's market.
- I. **AMOUNT CLAIMED:** If you are claiming damage, enter only the cost of repairing, if known. If loss, enter the value of missing items. If an estimate for repairs has been obtained by you, please enclose a copy. On receiving the completed Form, a repair firm may be assigned to contact you for repairs, if needed.
- J. **FOR ACE USE ONLY:** Do not write in this section.

REMARKS: Any information or comments you may have as to how loss or damage occurred will expedite claim processing. If additional space is required, use additional pages and please include the same information requested above.

Ace reserves the right to inspect items claimed within a reasonable time. Do not proceed with repairs or replacement until we have had an opportunity to examine your completed Presentation of Loss or Damage Claim Form and determine the course of action to follow. Do not discard any damaged items until after they have been inspected.

*GBL TRAFFIC – REFER TO APPLICABLE TENDER OF SERVICE

Should any additional correspondence on you claim be necessary, please refer to the Ace registration number.