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To Our Valued Customer:

Do not discard damaged goods. Please wait until a claims adjuster has contacted you and advised that these may be discarded. Please note that damage that cannot be verified may not be covered.

In order to process your claim, all moving balances must be paid in full and the claim forms should be returned to our office as soon you are 100% unpacked from your move.

- Please note:**
- You must notify our office of an expected claim within 90 days of your final delivery.
 - You may only file **ONE** claim per move.
 - Claims forms must be completed and returned to our office within 9 months of your delivery.

Please take your time to prepare all information that is necessary for your complete claim to be filed. In addition, we also request that ALL of the following materials be included with your complete claim forms.

1. Please complete forms in pen and print all information clearly. Forms not legible will be returned to sender.
2. All forms must be submitted in a timely manner. Forms not submitted within 9 months of delivery date will be returned to sender.
3. Please complete all blank lines. Forms not completed will be returned to sender.
 - a. Inventory Number must be identified for every item included in your claim
 - b. Indicate color, type of material and type of lost or damaged item
 - For all claim items, you must provide the manufacturer's name, model number and serial number
 - Indicate "CP" if items were packed by Omega and "PBO" if packed by yourself. Also notate if any external damage is visible to the article included in the claim.
 - **Please review your terms regarding chips, dents, scratches, gouges and cracks, if selected Waiver of Full Protection.**
4. Please email (claim@omegamoving.com) or mail photos. No faxed photos will be accepted.
5. Please make sure to unpack **ALL** of the household good items before filing your claim. Once claim forms have been submitted to our office, no additions can be added to the claim.
6. Please note your Job# to be referenced in your claim.
7. A claim number will be assigned to your case by an Omega representative upon received.

****Omega Moving & Storage, Inc has the right to refuse any claims submitted by nonrevenue individuals filing a claim submitted under a name different from the actual moving customer.****

I have read and understand the above instructions and will comply with their directions to the best of my knowledge and ability.

Signature _____

Date: _____



LOCAL – LONG DISTANCE – INTERNATIONAL - STORAGE

Claim Customer Information

Job #: _____

Claim #: (to be assigned by office) _____

Name of Claimant: _____ Date: _____

Present Address: _____ City, State, Zip _____

Address #2 _____ City, State, Zip _____

Phone (Home/Cell) _____ Email: _____

Pick-up Date _____ Delivery Date: _____

Stored at Omega Moving & Storage, Inc. YES NO Dates: _____

Please Note:

- Do not dispose of items (including boxes & packing materials) claimed without authorization.
- Do not repair any items without prior authorization.
- Time Limit for receipt of this form is nine months from date of delivery.
- Transportation charges must be paid in full prior to claim settlement.
- Incomplete information may delay claim settlement.
- If claim includes missing items, describe when and where last seen.
- Attach additional pages for additional items or remarks.

Property Damage Customers:

For property damage claims, our company requires approval of any 3rd party work being performed. Therefore, we will not accept any bills for property damage from an outside vendor without management approval prior to any work commenced. We will make valiant attempt to resolve the situation by arranging our onsite handyman to visit your home to survey any damage.

Please feel free to include a letter detailing any other pertinent information you feel would help us to evaluate your claim. When we are in receipt of this information, you will be contacted using the claim process timetable below.

Standard Claim Process Timetable

All correspondence will be emailed or mailed to the last known address and returned within 2BD. All phone calls are returned within 2BD

Forms Confirmation: Within 2BD of receipt of complete claim forms
Follow-up: Within 7BD of receipt of complete claim forms
Offer Letter: Within 14BD of receipt of complete claim forms
Closed File: Within 21BD of receipt of complete claim forms

****IMPORTANT NOTE**:** If compensation is available for your claim, you must return the Closed Claim Affidavit within 10BD of its mailing date; otherwise the claim will be closed without further notice.



LOCAL – LONG DISTANCE – INTERNATIONAL - STORAGE

LOSS AND DAMAGE DETAIL CLAIM

Job #: _____

Valuation Coverage Selected:

Released Value (\$0.60 per lb) Actual Cash Value (ACV) Full Value Protection(FVP) Third Party Insurance

Inventory/ Tag No:	Article	Description of Damage	Carrier Packed (CP) Packed By Owner (PBO) Please note any visible damages	Estimated Weight	Date Acquired	Original Cost	Estimated Cost to Repair	Amount Claimed
#112	Bronze Balance Arm Floor Lamp style# Y4975	Missing	CP W/O Damage	15 lbs	12/2013	\$200	\$125	\$125

Please itemize all damaged/missing items.

NOTE:

- NO CLAIM SETTLEMENT CAN BE MADE UNTIL BILL OF LADING HAS BEEN PAID
- REPAIR ESTIMATES OR ORIGINAL PURCHASE INVOICES MAY BE ATTACHED TO EXPEDITE SETTLEMENT
- INSURANCE COMPANY MAY WISH TO INSPECT DAMAGES. DAMAGE THAT CANNOT BE VERIFIED MAY NOT BE COVERED
- DO NOT DISCARD DAMAGED GOODS. PLEASE WAIT UNTIL A CLAIMS ADJUSTER HAS CONTACTED YOU AND ADVISED THAT THESE MAY BE DISCARDED.

I affirm that I am the true and lawful owner of the items listed above. The above claim is true and correct to the best of my knowledge. All claim for loss or damage incurred during transport or storage. No pertinent information was withheld and all above constitutes my entire claim against the Carrier.

If payment for missing item(s) is made and missing item(s) are subsequently delivered to the claimant within a reasonable period of time, claimant agrees to accept the items and refund any payments for the items

Section 14904(b)(2) of the United States Code imposes a civil penalty of up to \$2000 for filing a false claim with a motor carrier.

Signature _____ Date: _____

**** Please retain a copy for your records**

