WHITE LION CLAIM FORM

5030 Champion Blvd. #6-269 • Boca Raton • FL • 33496

IMPORTANT: A CLAIM MUST BE FILED WITHIN 90 DAYS AFTER DELIVERY OF YOUR SHIPMENT. PLEASE ATTACH THE DELIVERY DOCUMENTS TO EXPEDITE THE CLAIM.

PLEASE SEND CLAIM FORM VIA CERTIFIED MAIL ONLY TO ADDRESS LISTED ABOVE.

CLAIMANT'S NAME		CLAIMANT'S ADDRESS	CITY	STATE	ZIP
DATE OF PICK -UP	DATE OF DELIVERY	SHIPMENT ORIGIN ADDRESS	CITY	STATE	ZIP
CLAIMANT'S PHONE NUMBERS: Work: ( ) Home: ( ) Fax: ( )		DELIVERY ADDRESS	CITY	STATE	ZIP

INVOICE NUMBER	DESCRIPTION OF ARTICLE	DESCRIPTION OF DAMAGE/LOSS	APPROX. WEIGHT	DATE OF PURCHASE	PURCHASE PRICE	AMOUNT CLAIMED	DO NOT WRITE IN COLUMNS BELOW			
					TOTALS		PD	NI	NP	RC

PLEASE NOTE:

- **No claim settlement can be made until all freight bills have been paid.**
- **The carrier reserves the right to inspect all damage prior to repair. Please do not discard any packing materials or make any repairs until damage has been verified. Damage that cannot be verified will not be covered.**
- **Please fill in all information requested. Failure to do so could slow down the timely processing of your claim.**

By making this claim, the undersigned hereby warrants that he/she is authorized to submit this claim on behalf of the shipper/consignee, and hereby consents to the disclosure of the information provided herein and that all other information about the claim to the National Household Goods Claim Registry ("NHGCR") and to an participating members of the NHGCR.

I/We, the owner(s) of the property described above, did not cause or contribute to the damage/loss set forth herein, hereby certify that the above information is true and accurate to the best of my/our knowledge and belief, and constitute my complete and entire claim. No material has been withheld.

The Value of my entire shipment

$_____

Claimant's Signature: _____ Date: _____