

MY MOVE CLAIM

Claim Form and Worksheet

Please provide the following with your claim:

1. Brief typed letter outlining your claim and describing any grievances.
2. Completed *Claim Form and Worksheet*.
3. A copy of the *Uniform Household Goods Bill of Lading* (contract) from your move. If available, please supply the copy signed at the time of delivery.
4. A copy of your *Household Goods Descriptive Inventory*. If available, please supply the copy signed at the time your shipment was delivered. For local (intrastate) moves an inventory may not have been prepared.
5. Pictures should clearly convey the extent of the damage as well as its location on the item claimed. Provide a distance shot of the entire item with the damage visible. If necessary provide a close up picture showing the extent and nature of the damage. Please use some indicator of relative size such as a coin or a ruler. Please identify each picture and what is depicted. Unidentified pictures may delay processing of your claim. If you are submitting photographs please document your name and the item being depicted on the back.

If you obtained Full Value Replacement coverage from the mover, you must also provide the following:

- Receipt proof of purchase for claimed items.
- Manufacturer, Model information & Year purchased.
- Repair estimates must be limited to the damage claimed.
- You must declare the value you are seeking to recover for each item claimed.

If you purchased insurance through a 3rd party insurance provider:

- First file a claim with the 3rd party insurance provide. They will be the primary insurance carrier and may subrogate the claim to ACM.

Mail completed claim packets to:

Anthem Claim Management, LLC
40937 North Courage Trail
Anthem, AZ 85086

Please Note: Claims received via email or fax will not be accepted. Documents or pictures stored on disks, flash drives or other removable storage media are not accepted.

For additional information visit our web site www.MyMoveClaim.com or contact Anthem Claim Management at (877) 476-5983 #5.

Please complete the following and include with your claim packet:

**indicates required field*

Customer Information

Name on Bill of Lading/Contract*: _____ Phone*: (_____) _____ - _____

Alternate Phone: (_____) _____ - _____ Email: _____

Current Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Information About Your Move

Moving Company Name*: _____ Order or Reference Number: _____

Origin State: _____ Pick-Up Date: ____/____/____

Destination State: _____ Delivery Date: ____/____/____

Were these items stored: Yes No If so, where and for how long: _____

Additional Insurance

Did you purchase additional insurance for your move: Yes No

Insurance Company Name: _____ Phone: (_____) _____ - _____

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Claimant Name: _____ Page ____ of ____

Moving Company Name: _____ Order# _____

Inventory Number*: _____ Item Being Claimed: _____

Description of Damage: _____

_____ Dollar Amount Claimed**: _____

Year Purchased: _____ Who Packed This Item: Moving Company Claimant or Shipper Picture Included: Yes No

Inventory Number*: _____ Item Being Claimed: _____

Description of the Damage or Loss: _____

Year Purchased: _____ Who Packed This Item: _____

Picture Included: Yes No Dollar Amount Claimed**: _____

Inventory Number*: _____ Item Being Claimed: _____

Description of the Damage or Loss: _____

Year Purchased: _____ Who Packed This Item: _____

Picture Included: Yes No Dollar Amount Claimed**: _____

Comments:

* Inventory Number: The number from the Household Goods Descriptive Inventory associated with the claimed item.

** Required for all Full Value Replacement claims.

Please use additional pages if necessary.