CUSTOMER CLAIM FORM

Complete all applicable sections. Attach clear photographs, receipts, and repair or replacement estimates when available.

1. CUSTOMER AND MOVE INFORMATION

CUSTOMER NAME

CLAIM DATE

PHONE NUMBER

EMAIL ADDRESS

CURRENT MAILING ADDRESS

MOVE DATE

ESTIMATE / JOB NUMBER

DATE LOSS OR DAMAGE DISCOVERED

PICKUP ADDRESS

DELIVERY ADDRESS

2. TYPE OF CLAIM

- ☐ Damage to item(s)
- ☐ Missing item(s)
- ☐ Property damage
- ☐ Other:

3. CLAIM SUMMARY

Explain what occurred, when it was discovered, and who was notified.

BLACK SWAN MOVING

CUSTOMER CLAIM FORM - ITEMIZED DETAILS

4. ITEMIZED CLAIM DETAILS

#	ITEM / DESCRIPTION	APPROX. WEIGHT	PURCHASE DATE	ORIGINAL COST	AMOUNT CLAIMED
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

For property damage, describe the affected surface or area and include photographs and a written repair estimate.

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CUSTOMER CLAIM FORM - DOCUMENTATION & CERTIFICATION

5. SUPPORTING DOCUMENTATION CHECKLIST

- [ ] Clear photos of each damaged item and the surrounding area
- [ ] Purchase receipts, invoices, appraisals, or proof of value
- [ ] Written repair estimate or replacement quote, when applicable
- [ ] Inventory, bill of lading, estimate, or other move documents

OTHER DOCUMENTS INCLUDED

6. REQUESTED RESOLUTION AND ADDITIONAL COMMENTS

7. CUSTOMER CERTIFICATION

I certify that the information provided in this claim is true and complete to the best of my knowledge. I understand that submitting this form does not guarantee payment and that the claim will be evaluated under the signed moving agreement, selected valuation coverage, applicable exclusions, and governing law. I agree to retain all claimed items and related packaging until Black Swan Moving LLC authorizes disposal or completes its review.

CUSTOMER SIGNATURE

DATE

8. PREFERRED CONTACT AND AVAILABILITY

- [ ] Phone
- [ ] Email
- [ ] Text message

BEST DAYS / TIMES TO CONTACT YOU