Professional Movers - Claims Form

Date of Submission: _____

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1. Customer Information:

- **Full Name:** _____
- **Email Address:** _____
- **Phone Number:** _____
- **Address:** _____

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2. Move Details:

- **Move Date:** _____
- **Origin Address:** _____

- **Destination Address:** _____

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3. Claim Details:

- **Nature of Claim:** (Check all that apply)
  - ☐ Damage to item(s)
  - ☐ Lost item(s)
  - ☐ Delay in delivery
  - ☐ Other (please specify): _____
- **Date of Incident:** _____
- **Description of the Incident:** *(Please provide a brief description of how the damage/loss occurred or what went wrong)*

4. Item(s) Involved in the Claim (if applicable):

Sr.no.	Item Description	Damage Description (or Loss Details)	Year Purchased	Estimated Current Value
1.				
2.				
3.				
4.				
5.				

5. Supporting Documentation:

(Please attach the following documents to your email or submit copies in person)

- ☐ Photos of the damaged item(s)
- ☐ Receipt(s) or proof of purchase
- ☐ Any other relevant documentation

6. Declaration:

I declare that the information provided is true to the best of my knowledge and that I have submitted all supporting documentation necessary for the claim.

Customer Signature: _____

Date: _____

Instructions for Submission:

1. Complete this form and email it to **operations@pmovers.ca**.
2. Attach any supporting documentation, such as photos or receipts, along with the form.
3. Our Customer Relationship Manager will review your claim and get in touch with you within 5 business days.

For any questions, please contact us at **(613) 907-3194.**