CLAIM FILING INSTRUCTIONS

Please read and follow instructions below

- **Claim must be filed within 90 days after your shipment was delivered.**
- **Please do not discard or repair any damaged items prior to conclusion of claim.**
- **You may submit your claim online at *https://claims.bakerintl.com* or you can follow the below instructions to complete the Statement of Claim Form (page 2) and send to Baker International *claims@bakerintl.com***

Instructions for Completion of Statement of Claim Form

1. Please complete blocks 1 through 11 at the top of the form. We need all blocks completed, as it is essential to the prompt handling of your claim. If the required information is not completed, this will cause delays in the adjustment of your claim.
2. Your claim must be submitted on the claim form provided (do not use plain paper). If you will require additional forms, you may make copies of a blank form, or call 800-356-0093 to request additional forms.
3. Block 2 is for your current mailing address. Block 10 is the origin address - where your goods were picked up. Block 11 is the destination address - where your goods were delivered.
4. Block 5 requires only one set of numbers. Different van lines have different terms for the number that identifies a shipment. This number can usually be obtained from the paperwork pertaining to your move such as a Bill of Lading or Freight Bill.
5. Block 6 is the name of the local van line agent who delivered your goods.
6. The inventory number column (INV. NO.), on the left side of form, is the number the van line assigned to each article on the descriptive inventories.
7. In the “Description of Article” column, use a short phrase such as: 46” Sony TV, Hoover vacuum cleaner, 4 drawer oak dresser or 7’ leather sofa.
8. In the “Nature and Extent of Damage” column, give a short detailed description such as “right rear leg broken”, “porcelain chipped”, “dresser mirror broken” or “missing”, etc.
9. Under “Date of Purchase” and “Purchase Price”, provide your best recollection of date purchased, and purchase price. If the item was a gift, give the date you received it, and the estimated original value.
10. When you have completed and e-signed the Statement of Claim form, email it along with a copy of the carrier’s bill of lading, inventory and/or delivery receipt, to *claims@bakerintl.com*.

Baker International Insurance Agency

510 E. Corporate Dr., Suite 300
Lewisville, TX 75057
Phone: 800-356-0093
Fax: 940-269-1503
claims@bakerintl.com
www.bakerintl.com

STATEMENT OF CLAIM

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

BAKER INTERNATIONAL INSURANCE AGENCY
510 E Corporate Drive • Suite 300 • Lewisville, TX 75057

1. CLAIMANT'S NAME	2. CLAIMANT'S CONTACT ADDRESS CITY STATE ZIP	3. CERTIFICATE NO.	4. NAME OF EMPLOYER

5. CONTRACT NO. ORDER NO. BILL OF LADING NO.	6. NAME AND ADDRESS OF LOCAL VAN LINE AGENT	7. DATE OF PICK-UP	8. DATE OF DELIVERY	9. CLAIMANT'S PHONE: OFFICE HOME CELL FAX

10. SHIPMENT ORIGIN ADDRESS CITY STATE ZIP	11. DELIVERY ADDRESS CITY STATE ZIP

INV. NO.	DESCRIPTION OF ARTICLE	NATURE AND EXTENT OF DAMAGE	DATE OF PURCHASE	PURCHASE PRICE	AMOUNT CLAIMED	DO NOT WRITE IN COLUMNS BELOW FOR ADJUSTER'S USE ONLY AMOUNT ALLOWED	DESCRIPTION	DAMAGE	ADJ CODE
		TOTALS							

I am the owner of the property described. I did not cause or contribute to the damage set forth herein. All statements made in this statement of claim and any attached documents are true and correct to the best of my knowledge and belief, and constitute my complete and entire claim. No material information has been withheld. I hereby assign and transfer to Baker International Insurance any and all claims and recoveries arising out of the shipment of my household goods. I hereby authorize the carrier to release any and all moving documents to Baker International Insurance. I have not filed a claim for these damages with any other entity.

The value of my shipment was $ _____

_____ _____
CLAIMANT'S SIGNATURE DATE