669 Ridley Place - Unit 203
Delta BC
V3M 6Y9
PH (604) 540-6683
FAX (604) 540-6640
www.greatcanadianvanlines.com
info@greatcanadianvanlines.com

Claim Form

Please Read Carefully

List the damaged or missing items by the tag number as listed on your Inventory Form(s). Provide a description of the damages(s) or the missing item(s), with estimated value. Attach or enclose copies of this Claim Form, the paid Bill of Lading, and the Inventory Form(s). Please submit all documentation to the attention of the Claims Department. Claims must be filed as soon as your move is complete. Written submissions only by fax, post mail or email through our website. Our Claims Department will contact you within 30 days of receiving your documents.

TAG #	DESCRIPTION OF ARTICLE(S) & ESTIMATED VALUE(S)

CONTACT INFORMATION

Customer Name _____ **Reg #** _____

Mailing Address _____

Telephone Number _____ **Fax Number** _____

email address _____