

Claim Form

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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. Please submit by fax, mail or e-mail. Our Claims Department will contact you within 2 buiness days of receiving your documents. Only those claims identified on the Delivery Exceptions column of your Inventory Form(s) at the time of delivery will be accepted.

TAG#	DESCRIPTION OF ARTICLE(S) & ESTIMATED VALUE(S)
	CONTACT INFORMATION
Customer Nam	
Mailing Address	SS
Telephone Nun	nber Fax Number
email address	