

# Lost Goods Claim Form

## Moving Company Information

Moving Company Name

Contact Person

Phone Number

Email

## Customer Information

Customer Full Name

Phone Number

Email

Current Address

Moving Destination Address

## Move Details

Date of Move

Move Reference Number

### Claimed Lost Item(s)

Description of Lost Item(s)

Estimated Value

Quantity

Details/ Circumstances of Loss

Additional Information

### Declaration

☐

I confirm that the information provided is accurate to the best of my knowledge.

Signature

Date