

# MY MOVE CLAIM

## Claim Form and Worksheet

### Please provide the following with your claim:

1. Brief typed letter outlining your claim and describing any grievances.
2. Completed *Claim Form and Worksheet*.
3. A copy of the *Uniform Household Goods Bill of Lading* (contract) from your move. If available, please supply the copy signed at the time of delivery.
4. A copy of your *Household Goods Descriptive Inventory*. If available, please supply the copy signed at the time your shipment was delivered. For local (intrastate) moves an inventory may not have been prepared.
5. Pictures should clearly convey the extent of the damage as well as its location on the item claimed. Provide a distance shot of the entire item with the damage visible. If necessary provide a close up picture showing the extent and nature of the damage. Please use some indicator of relative size such as a coin or a ruler. Please identify each picture and what is depicted. Unidentified pictures may delay processing of your claim. If you are submitting photographs please document your name and the item being depicted on the back.

### Only

If you obtained Full Value Replacement coverage from the mover, you must also provide the following:

- Receipt proof of purchase for claimed items.
- Manufacturer, model information and year purchased.
- 2 Repair estimates for damaged items. Estimates must clearly describe the damage, the intended repair and the cost for each repair. Repair estimates must be limited to the damage claimed.
- You must declare the value you are seeking to recover for each item claimed.

### Only

If you purchased insurance through a 3rd party insurance provider:

- First file a claim with the 3<sup>rd</sup> party insurance provide. They will be the primary insurance carrier and may subrogate the claim to ACM.

Mail completed claim packets to:

Or email

Anthem Claim Management, LLC  
40937 North Courage Trail  
Anthem, AZ 85086

~~Please Note: Claims received via email or fax will not be accepted. Documents or pictures stored on disks, flash drives or other removable storage media are not accepted.~~

You can email to: [claims@anthemclaims.com](mailto:claims@anthemclaims.com)

For additional information visit our web site [www.MyMoveClaim.com](http://www.MyMoveClaim.com) or contact Anthem Claim Management at (877) 476-5983 #5.

### Please complete the following and include with your claim packet:

*\*indicates required field*

#### Customer Information

Name on Bill of Lading/Contract\*: \_\_\_\_\_ Phone\*: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Information About Your Move

Moving Company Name\*: \_\_\_\_\_ Order or Reference Number: \_\_\_\_\_

Origin State: \_\_\_\_\_ Pick-Up Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Destination State: \_\_\_\_\_ Delivery Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Were these items stored: Yes  No  If so, where and for how long: \_\_\_\_\_

#### Additional Insurance

Did you purchase additional insurance for your move: Yes  No

Insurance Company Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Claimant Name: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Moving Company Name: \_\_\_\_\_ Order# \_\_\_\_\_

1. Inventory Number\*: \_\_\_\_\_ Item Being Claimed: \_\_\_\_\_  
Description of Damage: \_\_\_\_\_  
\_\_\_\_\_ Dollar Amount Claimed\*\*:  
Year Purchased: \_\_\_\_\_ Who Packed This Item: Moving Company  Claimant or Shipper  Picture Included: Yes  No

2. Inventory Number\*: \_\_\_\_\_ Item Being Claimed: \_\_\_\_\_  
Description of Damage: \_\_\_\_\_  
\_\_\_\_\_ Dollar Amount Claimed\*\*:  
Year Purchased: \_\_\_\_\_ Who Packed This Item: Moving Company  Claimant or Shipper  Picture Included: Yes  No

3. Inventory Number\*: \_\_\_\_\_ Item Being Claimed: \_\_\_\_\_  
Description of Damage: \_\_\_\_\_  
\_\_\_\_\_ Dollar Amount Claimed\*\*:  
Year Purchased: \_\_\_\_\_ Who Packed This Item: Moving Company  Claimant or Shipper  Picture Included: Yes  No

4. Inventory Number\*: \_\_\_\_\_ Item Being Claimed: \_\_\_\_\_  
Description of Damage: \_\_\_\_\_  
\_\_\_\_\_ Dollar Amount Claimed\*\*:  
Year Purchased: \_\_\_\_\_ Who Packed This Item: Moving Company  Claimant or Shipper  Picture Included: Yes  No

Comments:

\* Inventory Number: The number from the Household Goods Descriptive Inventory associated with the claimed item.

\*\* Required for all Full Value Replacement claims.

Please use additional pages if necessary.