

BEKINS TRANSFER AND OR STORAGE CLAIM FORM FOR DAMAGES OR LOSS

Please fill in all areas on the claim form. Make sure that all items you wish to claim are included on your claim form and that the claim does constitute your complete and entire claim. All claim forms MUST BE RETURNED within 90 DAYS OF YOUR DELIVERY DATE TO BE CONSIDERED FOR LOSS/DAMAGES.

ONCE THIS FORM IS SENT IN THE CLAIM WILL NOT BE ADJUSTED

Date: 4/21/23 Claim Number: B13737 Orfanakos

Address: 105 Tortlers Ct

City: Newtown Square State: PA Zip: 19073

Home phone # _____

Date(s) of Move: _____

Cell phone # 610-425-2814

Loaded 4/20/23

Email address: jim@orfanakos

Delivered 4/20/23

TYPE OF VALUATION PROTECTION COVERAGE: FULL VALUE PROTECTION IN THE AMOUNT UP TO \$100,000 with a deductible of \$250⁰⁰. You must submit the original purchase date, purchase price, and receipts when available.

Note: Furniture that sustains abrasions, chips, marks, gouges or scratches DOES NOT render the furniture broken or unusable for its intended purpose.

Were your cartons: () packed cardboard boxes by the mover () self-packed

Was there damage to any of the cardboard boxes? () yes () no

ITEM DESCRIPTION/INVENTORY #	Broken-Torn or Missing	Original Price	Date of Purchase	\$Amount Claiming	Estimated Weight
(1) _____					
(2) _____					
(3) <u>SEE ATTACHED</u>					
(4) _____					
(5) <u>CLAIM LIST.PDF</u>					
(6) _____					
(7) _____					
(8) _____					
(9) _____					
(10) _____					

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH ALL INFO

I/WE hereby certify that the above information is true and accurate to the best of my/our knowledge and belief

BY: DIMITRI JIM ORFANAKOS Date: MAY 7, 2023