

1. NAME OF CLAIMANT (Last, First, Middle Initial)			3. PICK-UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)																
2. CLAIMANT'S INSURANCE COMPANY (If applicable)				4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR									
a. NAME			b. POLICY NO.																		
5.	6.	7. LOST OR DAMAGED ITEMS			8.	9.	11.		15.	18.		23.		24.							
LINE NO.	QTY	(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")			INV NO.	ORIGINAL COST	AMOUNT CLAIMED a. Repair Cost b. Replacement Cost		INVENTORY DATE (YYYYMMDD)	EXCEPTION SHEET DATE (YYYYMMDD)		GBL NUMBER		LOT NUMBER							
						10. MM/YYYY PURCHASED			16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY					
12. REMARKS					13. TOTAL		\$					30. TOTAL AMOUNT ALLOWED		\$		31. THIRD PARTY LIABILITY		\$		\$	