

Basic insurance claim form - Instructions

- 1)** Your claim will be processed based upon your insurance choice: “Basic Insurance” - which sets the value for each lost/damaged item at \$0.60 cents per pound. (\$4.20 per cubic foot).
- 2)** Before you file your claim, note that if you’ve purchased 3rd party insurance, you must file the claim directly with your insurance company. However, if you are covered by CNYX mandatory coverage, please read on.
- 3)** Your claim form should include the following:
 - a.** Your personal information (name, contacts, etc) & your job number.
 - b.** Inventory item numbers (per the inventory item numbers as stated on your delivery contract).
 - c.** For items that were packed in a box, please indicate the box item number (do not separate the item from the box, as we will cover on a per-box-bases, not on a per-item-bases).
 - d.** You do not need to include an elaborate explanation of the damage in the claim form (we will use the evidence of damage – EOD – to do so). Simply indicate the type of damage or indicate if missing.
- 4)** Please send evidence of damage (EOD); such as photos, repair receipts, etc., to claims@moveeast.com. (We only accept the following image formats: JPEG, PDF).
- 5)** Good evidence of damage includes the following:
 - a.** For each item number (remember that boxes are an item, and their content will be covered on a per-box-bases) provide a picture showing the item in its entirety + a picture showing the damage up close.
 - b.** For each picture, please provide the corresponding item number from your inventory/claim form. Remember that insufficient evidence of damage (EOD) is grounds for denying coverage.
- 6)** All correspondence regarding this claim will be made by email/mail for legal reasons.
- 7)** Please allow thirty to ninety days for the processing of this claim (Although usually much Faster).

Once completed your Claim Form please send it to: claims@moveeast.com ; Include your job number in the subject line. Please use the same email also for all other claim status inquiries.

CNYX Basic insurance claim form

Full Name:

Job number:

Email:

Phone:

Inventory Item #	Item Name	Description of Damage / Write "Lost" If Lost
Additional Notes		

I warrant that I am the true and lawful owner of the items listed above. The above information is true and correct to the best of my knowledge. All claim for loss or damage occurred during transport or storage. Any person who knowingly and with intent to defraud any insurance company, files a statement of claim containing any materially false information, conceals for the purpose of misleading, information concerning any fact material, thereto commits a fraudulent insurance act, which is a crime.

Customer Signature: _____ Date: _____