

HUGHES RELOCATION SERVICES, INC.  
1180 Church Road, Suite 500  
Lansdale, PA 19446  
Claims Department  
267-898-4553

We regret to learn that your shipment has not been received in a satisfactory condition. We apologize for any inconvenience that this may have caused.

**In order for your claims process to flow smoothly, you must follow these guidelines:**

- All Freight Charges must be paid in full before filing a claim. All claims settled based on your chosen valuation and inventory options. If you chose to waive your right to an inventory, all claimed items must be noted on the delivery paperwork at exact time of delivery. If you have chosen a valuation deductible, you may be required to substantiate your claimed amount is in excess of the deductible.
- If you have failed to document shortages, losses or damages on your delivery paperwork this will constitute basis to deny any claim filed. However, if you decide to submit a claim for undocumented damages, you may try to substantiate the claim by sending photos of the damage along with a written estimate for repair with your completed claim form.
- We will not accept liability for items that were pointed out to you prior to your relocation that could not be safely moved due to construction, placement, or extreme fragility. i.e. particle board furniture.
- Sets or matched pieces shall be limited to repair or replacement of the lost or damaged piece or pieces only; it shall not extend to repair, replacement or recovering of the entire set.
- The mechanical or electrical operation of an item is excluded from coverage unless there is evidence of visible external damage that was noted at the time of delivery.
- We have the right to repair any item before replacement is considered. You may substantiate your claim by attaching any repair estimates, photograph(s), replacement cost information (receipts and/or internet prices). Since incomplete information may delay the handling of your claim, we suggest that you make certain that all information, as required, is completed.
- It may be necessary to require an inspection of the damaged article, therefore, please DO NOT relocate, repair, replace or discard any item without our approval or we will deny the claim. If there is damage to a packed item, please retain the carton for inspection.
- Please make sure your claim form is signed and dated.
- Email to: [claims@hughesrelo.com](mailto:claims@hughesrelo.com) or Mail your completed claim form to:
- 

**HUGHES RELOCATION SERVICES, INC.**  
**ATTN: CLAIMS DEPARTMENT**  
**1180 CHURCH ROAD, SUITE 500**  
**LANSDALE, PA 19446**

If you have any questions or concerns, please call 267.898.4553, direct line to the Claims Department.

# PRESENTATION OF CLAIM FOR LOSS AND DAMAGE UNDER AGENTS AUTHORITY FOR HUGHES RELOCATION SERVICES, INC.

**INSTRUCTIONS TO CLAIMANT:**

<b>ORDER NO:</b>	
------------------	--

1. Claim must be filed **within 90 days** of final delivery.
2. Print or type full particulars to the best of your knowledge.
3. Any articles found damaged must be kept available for inspection (Including packing containers).
4. Contact the carrier to arrange for inspection of your damages and assist in securing repair estimates.
5. In describing articles, give as much information as possible such as color, kind of material, model numbers, trade name, manufacturer, artist name, item number, etc.
6. Complete all spaces thoroughly to avoid unnecessary delay in concluding your claim. Signature is required.

CUSTOMER NAME:	EMAIL:	CELL:	HOME:	WORK:
HOME ADDRESS:	CITY:	STATE:	ZIP:	DELIVERY DATE:
OLD ADDRESS:	CITY:	STATE:	ZIP:	PICK-UP DATE:

WERE THE GOODS IN A WAREHOUSE:  YES  NO    ARE YOU THE OWNER OF THE GOODS?  YES  NO    DID YOUR EMPLOYER PAY FOR THIS RELOCATION?  YES  NO

CHOSEN VALUATION:  \$.60 LB PER ITEM     FULL VALUATION    CHOSEN DEDUCTIBLE:  \$250     \$500     \$750     \$1000    EMPLOYER NAME:

INV NO.	ARTICLE INCLUDE MANUFACTURE NAME, MODEL, AND TYPE OF ARTICLE CLAIMED	DESC. OF DAMAGES: NOTE THE SPECIFIC AREA OF DAMAGE AND THE DAMAGE	EST. WEIGHT	DATE PURCHASED /AGE EST.	ORIGINAL COST	COST TO REPLACE	AMOUNT CLAIMED: A: REPLACE B. REPAIR	IF PACKED, WAS THERE CARTON DAMAGE	ADJUSTER NOTES:  ORIGIN CONDITION	EXCEPT	RESP PTY	HV	

Arrangements may be made to inspect the claimed item(s). PUC regulations require a specific or determinable amount must be provided for each item claimed. If repairs are required enter the estimate of repairs. Customer acknowledges: I am the owner of the property described. I did not cause or contribute to the damage set forth herein. All statements made in this Presentation of Claim and any attached documents are true and correct to the best of my knowledge, and constitute my complete and entire claim. No material information has been withheld. PUC regulations require that claimant must submit any claim for loss/damages or delay in writing and received by carrier within nine months from date of delivery. See Bill of Lading for listing of Terms and Conditions. HUGHES RELOCATION SERVICES, INC. 1180 CHURCH ROAD, SUITE 500, LANSDALE, PA 19446

SIGNATURE:	DATE:
------------	-------