

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. AMOUNT CLAIMED		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER				
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	a. Repair Cost	(or) b. Replacement Cost	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		\$	\$