

**DAMAGE REPORT**  
**Xtreme Moving & Storage, LLC**

**Mailing Address:**  
**PO Box 752 Hoschton GA 30548**

Case No. \_\_\_\_\_ Date Issued \_\_\_\_\_

**Address where damage freight is located:** \_\_\_\_\_

**The Items described below are located at the address listed above unless otherwise noted.**

Customer's New Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Damage Occurred to:	Description of Damage
1)	
Please gather the follow information Make/Model #, Manufacturer Name, Part # Needed, Color, Year Purchased, Store Purchased From. This will aid in getting the claim completed faster. Additional information may be required.	
2)	
Please gather the follow information Make/Model #, Manufacturer Name, Part # Needed, Color, Year Purchased, Store Purchased From. This will aid in getting the claim completed faster. Additional information may be required.	
3)	
Please gather the follow information Make/Model #, Manufacturer Name, Part # Needed, Color, Year Purchased, Store Purchased From. This will aid in getting the claim completed faster. Additional information may be required.	
4)	
Please gather the follow information Make/Model #, Manufacturer Name, Part # Needed, Color, Year Purchased, Store Purchased From. This will aid in getting the claim completed faster. Additional information may be required.	
5)	
Please gather the follow information Make/Model #, Manufacturer Name, Part # Needed, Color, Year Purchased, Store Purchased From. This will aid in getting the claim completed faster. Additional information may be required.	

*Claims will be processed within 90 days from the date claim is filed in writing. A claim processor will be in contact with any questions or additional information needed to process claim.*

Shipper/Shipper's Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(XMS) Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_