

CUSTOMER'S CLAIM AND AFFIDAVIT—LOSS OR DAMAGE

OUR FILE NUMBER

POLICY NUMBER

AGENCY

Date: _____, 20 _____

Name of customer: _____

Address of customer: _____

The articles listed below for which I hold receipt No. _____ and on which the charges were to be \$ _____, were, on or about the _____ day of _____, 20 _____ delivered to and accepted by _____ for which articles have not been returned to me.

No. of Articles	NATURE AND DESCRIPTION OF ARTICLES	FROM WHOM PURCHASED	Date Purchased	Cost New	Amount of Depreciation	Amount Claimed

I carry insurance which would indemnify me for this loss, as follows. (If no insurance write, "None.")

(NAME OF COMPANY)

(POLICY NO.)

(AGENT)

(NAME OF COMPANY)

(POLICY NO.)

(AGENT)

The undersigned warrants and represents; that he/she is the true owner of the items set forth above; that the foregoing statement is true and correct; that none of the articles were returned or recovered, and that in the event all or any part thereof is recovered, the undersigned agrees to make full restitution or deliver the property to the above named bailee.

I certify the above statement to be correct and after proper deduction for depreciation, claim is hereby made for \$ _____

_____, 20 _____
SIGNATURE DATE

SIGNATURE OF CUSTOMER

ADJUSTER