1. NAME OF CLAIMANT *(Last, First, Middle Initial)*	3. PICK-UP DATE *(YYYYMMDD)*
2. CLAIMANT'S INSURANCE COMPANY *(If applicable)*	4. DELIVERY DATE *(YYYYMMDD)*
a. NAME / b. POLICY NO.	

LIST OF PROPERTY AND CLAIMS ANALYSIS CHART

(Items 14 through 31 to be filled out by Claims Office)

14. ORIGIN CONTRACTOR	17. 2ND CONTRACTOR	21. CLAIM NUMBER	22. NET WT/MAX CAR
15. INVENTORY DATE *(YYYYMMDD)*	18. EXCEPTION SHEET DATE *(YYYYMMDD)*	23. GBL NUMBER	24. LOT NUMBER

5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS *(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")*	8. INV NO.	9. ORIGINAL COST 10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED 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	$	$