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)			
SMITH JOHN J.	2002/02/16				
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.	2002/03/20				

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	15. INVENTORY DATE (YYYYMMDD) / 16. EXCEPTIONS	18. EXCEPTION SHEET DATE (YYYYMMDD) / 19. INV NO.	20. EXCEPTIONS	23. GBL NUMBER / 25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	24. LOT NUMBER / 27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1	1	small B&W 13" Sony TV missing	26	110.00 / 11/2000	150.00								
2	1	rug w\pad 8'x10' - wet and mildewed - can't be cleaned	20	750.00 / 05/1999	950.00								
3	2	glass lampshade shattered	21	60.00 / 07/1998	65.00								
4	1	Thomasville sofa- 12" rip and cushion missing	11	1400.00 / 05/1999	800.00								
5	1	desk left front leg broken and top scratched	32	295.00 / 10/1997	135.00								

12. REMARKS	13. TOTAL	$ 2100.00	30. TOTAL AMOUNT ALLOWED	$	31. THIRD PARTY LIABILITY	$	$