1. NAME OF CLAIMANT (Last, First, Middle Initial)	3. PICK-UP DATE (YYYYMMDD)
SMITH, ROBERT J.	1999-08-08
2. CLAIMANT'S INSURANCE COMPANY (If applicable)	4. DELIVERY DATE (YYYYMMDD)
a. NAME / b. POLICY NO.	2000-01-23

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
1	3	COMPACT DISC CABINETS BROKEN, CRACKED, DENTED ON THE LEFT AND RIGHT SIDES	23	50.00	10/98	60.00	* LIST THE ORIGINAL COST AND MONTH AND YEAR OF PURCHASE OF EACH ITEM YOU ARE CLAIMING. LIKE ITEMS MAY BE GROUPED TOGETHER. * BE SURE TO LIST THE CORRESPONDING INVENTORY NO FOR EACH ITEM CLAIMED. * PAID ESTIMATE FEES SHOULD BE LISTED ON A SEPARATE LINE. * BE SURE TO TOTAL THE CLAIM AT THE BOTTOM OF THIS FORM							
2	1	WASHING MACHINE, DENTED ON THE BACK, DOESN'T WORK.	22	379.00	06/95	100.00								
		PAID ESTIMATE FEE FOR WASHING MACHINE				50.00								

12. REMARKS	13. TOTAL	$ 210.00	30. TOTAL AMOUNT ALLOWED	$	31. THIRD PARTY LIABILITY	$	$