Thank you for choosing Berger/Allied for your recent relocation.

We regret if you have found the handling of your shipment to be less than satisfactory. Please file a claim if you receive your belongings in less than satisfactory condition. This form is in PDF format and can be submitted online.

Attention: Please note that once you have filled out your form and you hit the submit button you will see the pop-up box below. If you are using an Internet email service such as Yahoo, Google Gmail, or Microsoft Hotmail, please choose the second option. Save your form and then attach it to an email addressed to CorporateClaimsForms@bergerallied.com



You also have the option to print and fax the form to (651) 697-6287 or send it to the following address:

Berger Transfer & Storage, Inc. Attn. Moving Claims 2950 Long Lake Road St. Paul, MN 55113

To contact the Berger Claims Department please call (877) 268-2101 press 0



Claim Form



ixegistiation of Order Nul	mber:					
Last Name:	Fi	rst Name:				
Loading Address:						
City:	State: Zip Code:					
Delivery Address:						
City:		State:	Zip Code:			
Home Phone:	Work Phone:	Ce	ll Phone:			
E-Mail:	Load Date:	De	Delivery Date:			
	ne one the goods were delivered to?					
	ddress where delivered:					
If yes, indicate when	warehouse?					
 Do not dispose or repair c from the point of delivery 	claimed items as we reserve the righ			cate claimed item		
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Inventory Item Number	Description of article	Enter "Missing" or a description of damage	Cost when originally Purchased	When/Where Purchased	Enter "Repair" or Dollar Amount (\$) Claimed
				-	
				-	
General Comm	nents:				

Submitting this form with the button below will give Berger Transfer permission to process your claim.