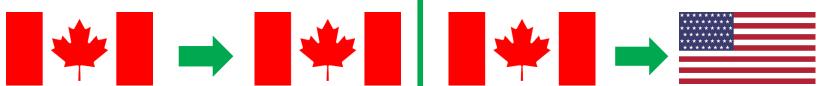


# HOW TO FILE A CLAIM ONLINE



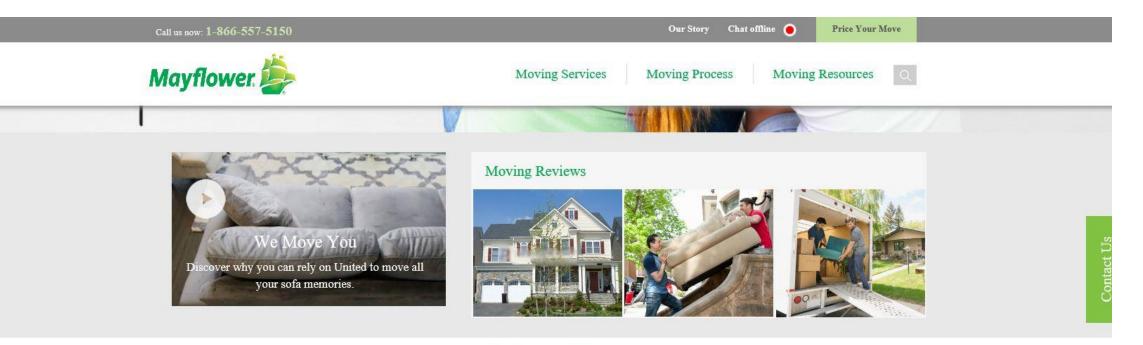
## Confirm that you are filing on the correct website Moves from...

Canada to Canada Go to www.mayflower.ca Canada to USA Go to www.mayflower.com USA to Canada Go to www.mayflower.com









#### Moving News and Views

Moving Services | Moving Process | Moving Advice | Local Mover | Connect | Sitemap

Platinum member

Turner "Mike the Mover in Guelph were terrific, Charlie the dispatcher in Toronto was excellent at providing the detailed and reassuring information I wanted about the long haul, and I hear from my daughter the recipient of the goods (family furniture ... MORE >

17/01/30



17/01/30 Sherrry McGarvie

"From my first phone query made to Mayflower from St. John's to the last box delivered in Vancouver, I was impressed with the professionalism and care provided by each employee of the company. Mayflower will now be the only company I ... MORE >





BEST MANAGED COMPANIES



6608







Mo

### How can we help you?

#### **Customer Care**

We're happy to give you advice on your move, chat about moving in general or lend an ear when you need it. We'll do whatever it takes to ensure you have the best possible move experience.

Share your moving experience with us! We want you to have the best possible service when in our care. Complete our online survey so we can continue to strive for excellence.

### Quality Survey

We're with you every step of the away – even if we don't get it right at first. Submit your claim online to our Customer Care team.

Claims Form



Need guidance on how to submit a claim? Download the Claim Filing Instructions to walk you through the process, step-by-step.

#### Claim Instructions

# SCROLL DOWN TO CLAIM FORM





Last Name /	
Nom de famille:*	

Registration Number /	
Numero de dossier:*	

Language / Langue:\*

English	○ Francais

Submit / Soumettre

ENTER LOGIN
INFORMATION
Order number format:
0000-00000-00
(4) - (5) - (2)

IF YOU DO NOT KNOW YOUR ORDER NUMBER EMAIL CLAIMS@MOVERONE.CA AND INCLUDE YOUR LAST NAME AND WHERE YOU MOVED TO AND FROM



### The first step would be to complete your personal information Please ensure you have provided the correct mailing address and contact numbers to prevent delays

Name	First:		John		Last:	Smith				T	tle MCPL	
Address	DELIVER	RY ADD	RESS				MAILIN	g add	RESS			
	Address:	123 M	ain St				Address:	PO Bo	x 524			
	City:	Kingsto	26			1	City:	Kingst	ton			
	Province:	ON	Postal Cod	e: K7K 2	H9		Province:	ON	Postal	Code:	K7K 5M7	
Phone Numbers	Resideno	e: 61	3 999	9999	Busine	55: 613	999	9998	Cell:	613	999	9997
Email	mr.smit	th2016	@gmail.com	1								



### EACH ITEM REQUIRES THE FOLLOWING, ESTIMATE IF EXACT NUMBERS ARE UNAVAILABLE

Tag number - found on your "Inventory of Articles Shipped" or the actual tag that has been placed on the item. If the tag number is not available this section can be left blank Item Type – Provide a description of the item or choose one from the list provided

**Damage Description** – Describe the type of damage or indicate missing

**Date Purchased** – Provide the year and month of purchase for the item being claimed

Original Cost – Provide your best estimate of the original purchase price. Replacement Cost – Provide the current replacement value of the item being claimed

Amount Claimed – Provide the amount you are requesting as a cash settlement. Comment Section – If you feel that additional comments could help in the processing of the claim, please enter them into the comment section. The more information that we have such as manufacturer details (make, model number and serial number) with assist in the claim process.



Add an Item to Your Claim F Order Number	Form			
Item No	1			
Inventory Tag No	Please refer to your in	nventory of articles shipped.		
Item Type	Select:	~	If Item not listed, select	"Other"
	🔿 Other: 🥝			
Damage Description	Primary Damage:	~	Location:	~
	Additional Damage: 🥝	~	Location:	~
	Additional Damage: 🥝	~	Location:	~
Comments 🕜			510 characte	ers left
Date Purchased	Year V Month	~		
Original Cost \$	Enter Number	ONLY with decimal point (eg.	100.00)	
Replacement Cost \$		ONLY with decimal point		
Amount Claimed \$		ONLY with decimal point		
	The Carrier reserves the right indicate the amount under Am	to inspect and repair. If you	prefer a cash settlement i	n lieu of repa
Enter To continue				

YOU MAY SAVE YOUR CLAIM FORM AND GET BACK INTO IT LATER BY CLICKING SAVE

<< Back Save

🥑 Click on Save to save the claim and continue later.

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CLICK ENTER TO ADD ADDITIONAL ITEMS OR ONCE COMPLETED ALL ITEMS, CLICK PROCEED TO SUBMIT AND THE CLAIM WILL BE SENT TO OUR OFFICE

Inventory Item Type			efer to your inventory	CO2000 CO2000		not listed, se	lact "Other"
Item Type		<ul> <li>Select:</li> <li>Other:</li> </ul>		<u> </u>	If Item	not listed, se	iett Other
Damage D	escription	Primary Damage			~	Location:	~
		Additional Dama	ige: 🜏 📃	1	~	Location:	~
		Additional Dama	ige: 🥘 📃	9	~	Location:	~
Comment	s 🕗				~		
					0		
					~	510 cha	racters left
Date Purch	hased	Year 🗸 M	Ionth 🗸				
Date Purch Original Co				h decimal point (e	ea. 100.00)	8	
Original Co	ost \$	Er	nter Number ONLY wit		eg. 100.00)	0	
Original Co Replaceme	ost \$ ent Cost \$		nter Number ONLY wit	h decimal point	eg. 100.00)	0	
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YOU WILL RECEIVE AN EMAIL CONFIRMATION THAT THE CLAIM HAS BEEN RECEIVED



If you have any questions or concerns regarding your claim, please contact the Customer Care Department at 1-800-668-5544 OR email claims@moverone.ca Our representatives are available from 8:00am to 5:00pm Eastern Standard Time

Thank you!

