1. NAME OF CLAIMANT (Last, First, Middle Initial)	3. PICK-UP DATE (YYYYMMDD)
FLAGSTONE, FRED	100197
2. CLAIMANT'S INSURANCE COMPANY (If applicable)	4. DELIVERY DATE (YYYYMMDD)
a. NAME / b. POLICY NO.	111597

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	1	Broyhill Dinette Table (Scratches on top and right leg busted loose)	15	500.00 / 11/87	50.00								
2	1	Members Only Sports Jacket (Missing) (See Attached Detailed Statement)	20	100.00 / 10/[illegible]	100.00								
3	1	Welbilt, 11 cu ft Refrigerator (molding pulled off and door bent)	23	450[illegible] / 0[illegible]99	45[illegible]0								
4	1	Emerson 30" Color Television (No Picture)		[illegible]0.0[illegible] / 07/69	400.00								
5	1	Estimate Fee Paid, non-deductible fr[illegible] repaires			45.00								

12. REMARKS	13. TOTAL	$ 640.00	30. TOTAL AMOUNT ALLOWED	$	31. THIRD PARTY LIABILITY	$	$

SAMPLE

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