

HOW TO FILE A CLAIM ONLINE

www.uvl.ca

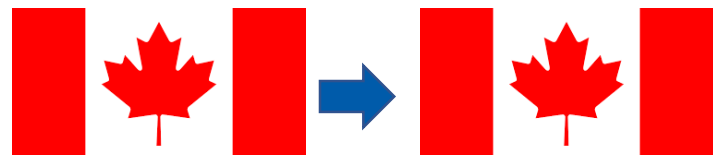
Email: claims@moverone.ca

Phone: 1-800-668-5544



CONFIRM THAT YOU ARE FILING ON THE CORRECT WEBSITE: MOVES FROM...

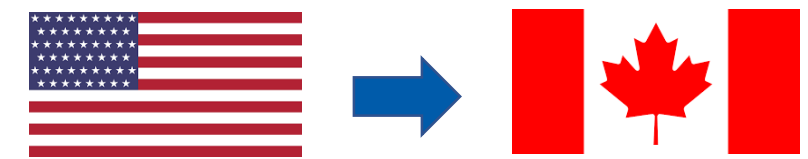
Canada to Canada
Go to
www.uvl.ca



Canada to USA
Go to
www.UnitedVanLines.com



USA to Canada
Go to
www.UnitedVanLines.com





Moving Services

Moving Process

Moving Advice



Based on 3,000 customer surveys up to Feb/2017



Smart Moves



Contact Us

Moving Stories



Holly C

I have had multiple moves using United Van Lines (Canada) Ltd. and have never been disappointed. The crews are always great especially the last crew on delivery to Grand Manan. Very efficient, friendly and professional. Advised me how to proceed... [MORE >](#)



Dorothy B

I was pleased with the efficiency, the courtesy and the help given me by United Van Lines (Canada) Ltd. and will certainly tell any of my friends planning a move to use their services.

[MORE >](#)

GO TO "CONNECT" AT THE BOTTOM OF THE PAGE



Local United Mover | [Connect](#) | [Sitemap](#)





Moving Services

Moving Proce

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.

We want to know how your move went! Fill out our Quality Survey to let us know about your experience. We're always looking at ways to improve to ensure you're getting the best service possible.

Quality Survey



Protecting your belongings during your move is our top priority. If an accident has happened, you can start a claim online today.

Claims Form



Unsure how to submit a claim? Download our Claim Filing Instructions to guide you through the process.

Claim Instructions



**SCROLL DOWN
TO CLAIM FORM**





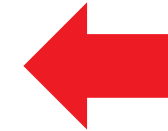
**Last Name /
Nom de famille:***

**Registration Number /
Numero de dossier:***

**Language /
Langue:*** English Français

**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**



Please ensure you have provided the correct mailing address and contact numbers to prevent delays

Customer Information
Order Number 0999-00015-16

Name First: Last: Title:

Address

	DELIVERY ADDRESS	MAILING ADDRESS
Address:	<input type="text" value="123 Main St"/>	<input type="text" value="PO Box 524"/>
City:	<input type="text" value="Kingston"/>	<input type="text" value="Kingston"/>
Province:	<input type="text" value="ON"/>	<input type="text" value="ON"/>
Postal Code:	<input type="text" value="K7K 2H9"/>	<input type="text" value="K7K 5M7"/>

Phone Numbers

Residence:	<input type="text" value="613"/>	<input type="text" value="999"/>	<input type="text" value="9999"/>	Business:	<input type="text" value="613"/>	<input type="text" value="999"/>	<input type="text" value="9998"/>	Cell:	<input type="text" value="613"/>	<input type="text" value="999"/>	<input type="text" value="9997"/>
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Email

Date Delivered

Confirm Above Addresses Are Correct
Include Apt. Number, P.O. Box Number, and/or Rural Route Number.



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) will assist in the claim process.



Add an Item to Your Claim Form

Order Number 08720007718

Item No 1

Inventory Tag No Please refer to your inventory 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 characters left

Date Purchased Year Month

Original Cost \$ Enter Number ONLY with decimal point (eg. 100.00)

Replacement Cost \$ Enter Number ONLY with decimal point

Amount Claimed \$ Enter Number ONLY with decimal point

The Carrier reserves the right to inspect and repair. If you prefer a cash settlement in lieu of repairs indicate the amount under Amount Claimed.

To continue.

Click on Save to save the claim and continue later.

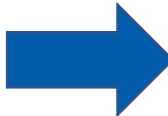


**YOU MAY SAVE
YOUR CLAIM
FORM AND GET
BACK INTO IT
LATER BY
CLICKING SAVE**

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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**



Add an Item to Your Claim Form

Order Number
Item No 2
Inventory Tag No Please refer to your inventory 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 characters left

Date Purchased Year Month

Original Cost \$ Enter Number ONLY with decimal point (eg. 100.00)

Replacement Cost \$ Enter Number ONLY with decimal point

Amount Claimed \$ Enter Number ONLY with decimal point

The Carrier reserves the right to inspect and repair. If you prefer a cash settlement in lieu of repairs indicate the amount under Amount Claimed.

To continue.

Items Added

#	Tag#	Item Description	Damage	Date Purchased	Original Cost	Replacement Cost	Amount Claimed
1	003	AQUARIUM SM	Burned - Drawer	2014/04	\$1.00	\$1.00	\$1.00

Click on item to change information.

Click on Save to save the claim and continue later.

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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!

