LOAD DATE	DELIVERY DATE	ORIGIN ADDRESS			FOR ADJUSTER'S USE ONLY		
					CLAIM#		
CARRIER REF#	TYPE (Circle One)	WEIGHT	COVERAGE		D CODE	N/D CODE	CLINET#
	COD CORP GOVT MILITARY						

NAME

ADDRESS

ALLEGHENY VALLEY TRANSFER CO INC
1512 LEBANON CHURCH ROAD
PITTSBURGH PA 15236

STATEMENT OF CLAIM

SEE BACK OF YOUR COPY FOR INSTRUCTIONS

PLEASE COMPLETE SECTION BELOW - TYPE, OR PRINT WITH BALL POINT PEN ON HARD SURFACE

INV ITEM#	ARTICLE DESCRIBE IN DETAIL	NATURE OF CLAIM IF DAMAGE, DESCRIBE EXTENT	APPROX WEIGHT	PURCHASED MO - YR	COST	AMOUNT CLAIMED	FOR ADJUSTER'S USE