



# PDW CLAIM FORM

## **Customer Information** *Please fill out this form completely. Incomplete forms will delay processing.*

Customer Name: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Container Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Police Report #: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

### **Name of person(s) who reported, caused and/or discovered damage:**

Name(s): \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

This claim is related to:  Accident  Natural Disaster

## **Damage Information**

*HELP US! By providing the "Story of Occurrence/Damage," you will help us avoid delays in processing your claim.*

*Photos must be included of any and all damages. Photos included:  YES  NO*

*Police Report must be included \*if applicable Police Report included:  YES  NO*

**Story of Occurrence/Damage - Please describe this incident, including dates, details and symptoms leading up to it.**

## **Lessee Declaration**

**I confirm to the best of my knowledge the above statements are true in every respect. I understand that the damages listed may not be covered. I understand that I may be financially responsible to Tuffbox Containers for the entire repair or replacement of listed damages. I understand that this claim cannot be adjusted without authorization from Tuffbox Containers. I also understand that the deliberate misrepresentation of the Container's condition or the omission of any material facts may result in the denial of the claim. I authorize Tuffbox Containers to review and obtain a copy of ALL RECORDS including the claim records and police records as to examination, history, diagnosis, with respect to any damage.**

Signature of Lessee: \_\_\_\_\_

Date: \_\_\_\_\_

Please read IMPORTANT NOTICE document that follows for additional information.



**It's easy to submit a claim! Here's a handy checklist:**

- ✓ Fill out this form completely and sign it.
- ✓ Email or hand deliver your form with photos and applicable documents within 48hrs of claim
- ✓ If you use email just scan and attach the form and photos.
- ✓ Please use only one claim form per container for each occurrence.

**Call us at 1-855-861-2872**

You can check the status of your claims easily by calling a Tuffbox Representative who is standing by to assist you.

Download forms at:

**[www.tuffboxcontainers.com/forms](http://www.tuffboxcontainers.com/forms)**