

A.UNIVERS TRANSIT Ltd.



\*\*\*\*\*Delivery Note # 18456

\*\*\*\*\* תעודת משלוח מס.:

תאריך: 30/06/25  
מספר תיק: 406450  
מספרי טלפון:  
054-3157931 .....

לקוח: 15173. ברטון (בר איתן)  
כתובת: ..שדרות הנשיא 9, חיפה  
עיר: .....  
.....

סוג אריזה: 20RG F.C.L

Details:		פרטים:
אריזת מכולה 20	סימנים ומספרים:	נמל כניסה:
	סגר מספר:	חב' תעופה\ ספנות:
	אוניה\ מטוס:	כמות להובלה:
	שטר מטען ראשי:	משקל:
	מספר מצהר:	נפח:
Description of Goods:.....	28.00	תאור הטובין:.....

\*\*\*\*\* אין להוציא טובין/ ניזוקים או חסרים \*\*\*\*\*  
\*\*\*\*\* ללא דוח נזק או חוסר או אישור ממשרדנו \*\*\*\*\*

מוביל:	
שם המוביל:	א. יוניברס טרנזיט
שם הנהג:	צות שלמה
מספר רכב:	מספר ת.ז.:
0	

No of Packages delivered\ P. UP: \_\_\_\_\_ סה"כ יחידות שנאספו\ נמסרו:  
Out Of: \_\_\_\_\_ מתוך:

ADDITIONAL SERVICES PROVIDED	שירותים נוספים שסופקו
We hereby confirm that following services were provided:	הרינו לאשר שהשירותים הבאים סופקו על פי דרישתנו
> Long Carry (___ m).....YES/NO.....	< מרחק הליכה (___) :.....
> Hoistin\ Crane:.....YES/NO.....	< מנוף חיצוני:.....
> Assembling of furniture:.....YES/NO.....	< הרכבת רהיטים:.....
> Stair Carry (___ Floor):.....YES/NO.....	< העלאה במדרגות(קומה ___) :.....
> Shuttle:.....YES/NO.....	< משאית משנית:.....
> Debris Removal:.....YES/NO.....	< הוצאת חומרי אריזה:.....
> Extra Pick Up.....YES/NO.....	< כתובת שניה:.....
> Crating (No. ___):.....YES/NO.....	< ארגז עץ (כמות ___) :.....
> Piano handling:.....YES/NO.....	< טיפול בפסנתר:.....
ISPM-15 מתקן להחמק מטופל ומסומן בהתאם לתקן ISPM-15	

I here by confirm receipt of all my goods: מאשר קבלת משלוח בשלמות: \_\_\_\_\_  
שם+חתימת הלקוח \_\_\_\_\_ מוביל \_\_\_\_\_  
\_\_\_\_\_ 02/07/25 \_\_\_\_\_  
ת. הובלה

Remarks:

YOUR Expectations. OUR Expertise.

www.univers-transit.co.il

E-mail: movers@univers-transit.co.il

Tel. + 9 7 2 . 8 . 8 5 6 3 1 4 5

Fax. + 9 7 2 . 8 . 8 5 6 3 3 8 7

3, Sharon St. AirPort City, 7015101, Israel

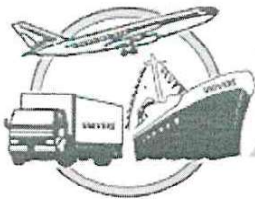
P.O. Box 1016, Airport City 7019900 Israel

Gan Darom Industrial Zone, Bnei Darom 7925000 Israel



THE ACCREDITED INTERNATIONAL MOVING





# A. UNIVERS TRANSIT LTD.

Because we care...

## Performance Report

Customer Name & Details:

**BRETON (BAR EITAN)**

A. UNIVERS  
TRANSIT

ination: \_\_\_\_\_

le of Transport: Sea\ Air



**406450**

Dear Custor

We do thank

ite our performance objectively, i.e. from your point of view, we would appreciate if you can answer the following questions indicating, by a cross in the appropriate column, your evaluation of different services rendered by our teams:

### Origin Services

- ☒ Adequate, useful pre-move information provided
- ☒ An accurate survey and cost estimate conducted
- ☒ Origin Services Performed on schedule
- ☒ Packers were careful, competent and professional
- ☒ Packers were courteous
- ☒ The crew wore neat and clean uniforms

Excellent

Good

Average

Bad

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

### Destination Services

- ☒ Destination services Performed on schedule
- ☒ Customs Clearance
- ☒ Delivery Services
- ☒ Belongings unloaded safely and efficiently
- ☒ Over all Service was courteous and professional
- ☒ Service was caring and patient

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

- ☒ Overall satisfaction with our door to door services

☐☐☐☐

WOULD YOU RECOMMEND US?

Yes

/

No

Your Comments:

Date

02/07/25

Signature:

*cm*



INTERNATIONAL MOVERS FREIGHT FORWARDERS CUSTOMS BROKERS

2, Hadarim St.  
Industrial Zone, P.O. Box 4052  
Ashdod 77613, ISRAEL  
Tel: 972-8-8563145  
Fax: 972-8-8563387  
movers@univers-transit.co.il





P.M. Relocations Pvt. Ltd.

Plot No: 370, 1<sup>st</sup> Floor, Udyog Vihar, Phase-4, Gurugram - 122015, INDIA

T: +91-124-4551400, 4102440 F: +91-124-4102434

Web: www.pmrrelocations.com Email: info@pmrrelocations.com

### PMR Accessorial Sheet

Job Ref. No:		Mode	
Shipper Name	<b>BRETON (BAR EITAN)</b>		
Account/Agent			
Origin		 <b>406450</b>	

This is to confirm that the following services were **have the assignee initial for those services rendered** in the appropriate section below. cking, please

Service Provided	Yes	No	Number of hours spent
Selected items were crated/ un-crated Quantity of crate:		✓	
A Shuttle Vehicle was used due to restrictions outside the residence		✓	
Additional collection of items		✓	
Additional Debris collection		✓	
Outside Elevator was required Please specify if: Used for Half a day Used for Full day		✓	
A Long carry / Stair carry was required		✓	
External handyman/electrician (not crew member)		✓	
Weekend Packing /Delivery		✓	
Parking permit suspension/permits arranged		✓	
Boxes be left packed at my request		✓	
Other services: If yes please list:		✓	

Comment:

Shipper Signature: 

Date: JULY 2, 2020

Supervisor Signature: \_\_\_\_\_

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

**Residence Walk Thru Report**

Job Ref. No:		<b>BRETON (BAR EITAN)</b>  <b>406450</b>
Shipper Name		
Account/Agent		
Origin		
Move Coordinator		

Condition Symbols:		Clear = ✓ Chipped = CH	Scratched = SC Dirty = DT	Dent = D Stained = ST	Damages = DM P = Paint Peeled off
		Pre-Move Condition		Post Move Condition	
Stair Case/ Lift Area	Floor				
	Wall		✓		SC
Living Room	Floor				
	Wall				
Dining Room	Floor				
	Wall				
Kitchen Room	Floor				
	Wall				
Master Room	Floor				
	Wall		✓		CH, DT
Bedroom-1	Floor				
	Wall				
Bedroom-2	Floor				
	Wall				
Bedroom-3	Floor				
	Wall				
Bedroom-4	Floor				
	Wall				
Study Room	Floor				
	Wall				
Servant Room	Floor				
	Wall				
Balcony/Patio	Floor				
	Wall				

\* Please mark condition where applicable.

CHECKLIST		
Photographs have been taken before and after job completion.	<input type="checkbox"/> Before	<input type="checkbox"/> After
Photographs of the high value items/create items have been taken.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Final walk through is done with client upon job completion and nothing is left over.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ensure all paperwork has been completed and signed as per compliance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Remarks: 2-3 kitchen places were broken during packing
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Supervisor Signature

Client Signature

Date:

BRETON (BAR EITAN)

A. UNIVERS  
TRANSIT

406450



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Handyman Services – Dismantling Form

Job Ref. No:		Mode	
Shipper Name			
Account/Agent			
Origin		Destination	

To be filled in by the ORIGIN Agent				
SN	Description of goods	Photo included	Location of Hardware	Disassembled by Crew (C) or Handyman (H)
	<del>THAT</del> 1 CLOSETS			
	LIBRARY			

Supervisor Signature: \_\_\_\_\_

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

Client Signature: *[Signature]*

Date: JUL 2, 2021