



STANDARD CLAIM FORM FOR LOSS OR DAMAGE

*****Please note any monies due will be payable to the claimant*****

Claimant: _____ Contact Name: _____
 Address: _____ City/State/Zip Code: _____
 Claimants Ref. No: _____ Phone: _____ Fax: _____
 Claimants E Mail: _____
 Shipper: _____ Receiver: _____
 Carriers Pro No: _____ Pick Up Date: _____ Del Date: _____
 Claim Is For: Loss Damage Other Claim Amount: \$ _____

DETAILED STATEMENT SHOWING HOW THE AMOUNT CLAIMED FOR IS DETERMINED
 Number, description of articles, nature and extent of loss or damage. All discount and allowances must be shown

If claim is for repairs please give a detailed breakdown of what repairs were done. Include Invoices for all parts used to facilitate repair.
Be sure to hold on to the damaged parts, as there is a chance that they will be required for salvage.

Qty	Description	Unit Value	Total Value
Total Claimed Amount			

TOTAL WEIGHT OF LOST OR DAMAGED GOODS _____

DOCUMENTS REQUIRED WITH CLAIM PRESENTATION

Bill of Lading Proof of Delivery Copy of Original Invoice Packing Slips
 Details of Loss or Damage All Repair Invoices

Goods can be repaired for approximately \$ _____
 Goods can be "used as is" for allowance of \$ _____
 Damaged goods are available for pick up: _____

Claimant Signature: _____ Date: _____