

LOSS & DAMAGE CLAIM

Today's Date: _____ Freight Bill / PRO Number: _____ Claimant's Claim Number: _____

SHIPPER

Company Name _____
 Street Address _____
 City _____ State _____ Zip _____

CONSIGNEE

Company Name _____
 Street Address _____
 City _____ State _____ Zip _____

CLAIMANT

Company Name _____
 Street Address _____
 City _____ State _____ Zip _____

REMIT TO (if different claimant)

Company Name _____
 Street Address _____
 City _____ State _____ Zip _____

OUR CLAIM IS FILED FOR (check one): SHORTAGE VISIBLE DAMAGE CONCEALED DAMAGE OTHER (Explain) _____

PIECES	ITEMIZED DESCRIPTION OF ARTICLES INCLUDING MODEL NUMBERS, SIZE, COLOR, MARKINGS, ETC.	CONDITION (CIRCLE)	WEIGHT (POUNDS)	\$ AMOUNT CLAIMED
		NEW USED		
		NEW USED		
		NEW USED		
		NEW USED		
		NEW USED		
		NEW USED		
REQUIRED: Total Amount Claimed				

Your claim must be supported by at least one document from each of the categories below (where applicable).
 Failure to include sufficient documentation will delay settlement of your claim

Documentation of Value of Goods and Amount Claimed

- Copy of the complete original vendor invoice showing all discounts.
- Copy of the original repair invoice detailing hours to repair, labor rate, and material cost.
- Record of discounted sale.

If the Claim involves damaged goods, please check one or more of the following:

- Can be repaired for approximately \$ _____
- Can be used "as is" for an allowance of \$ _____
- Are available for carrier pick up
- Are unavailable (please explain): _____

Documentation of Transportation Contract

- Copy of the original Bill of Lading
- Copy of the paid freight bill

Documentation that supports the Occurrence of Shortage or Damage

- Consignee copy of delivery receipt
- Copy of the inspection report
- A detailed description of the shortage or damage including brochures, drawings, photographs, etc.

Other Documentation (List)

- 1) _____
- 2) _____

PREPARER'S NAME (PRINT) _____

PREPARER'S SIGNATURE _____

DATE _____

TELEPHONE NUMBER _____

FACSIMILE NUMBER _____

E-MAIL ADDRESS _____