



**STANDARD CLAIM FORM FOR LOSS OR DAMAGE**

Claimant: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Reference # \_\_\_\_\_ Phone: \_\_\_\_\_ Fax# \_\_\_\_\_

E Mail: \_\_\_\_\_

Claimants Reference No.: \_\_\_\_\_ Contact: \_\_\_\_\_

Shipper: \_\_\_\_\_ Address \_\_\_\_\_

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 we will want to pick up the salvage**

Qty	Description	Unit Value	Total Value
<b>Total Claimed Amount</b>			

TOTAL WT OF LOST OR DAMAGED GOODS \_\_\_\_\_

**DOCUMENTS REQUIRED WITH CLAIM PRESENTATION**

Bill Of Lading <input type="checkbox"/>	Proof Of Delivery <input type="checkbox"/>	Copy of Original Invoice <input type="checkbox"/>	Packing Slips <input type="checkbox"/>
Details Of Loss Or Damage <input type="checkbox"/>		All Repair Invoices <input type="checkbox"/>	

- 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: \_\_\_\_\_