



**MOTOR CARRIER CARGO SHORTAGE
AND DAMAGE CLAIM FORM**

Send Claim to Sales Rep and Below Customer Service Agent:

Is hereby filed for (check one): ☐ Shortage ☐ Damage

Date Filed ____ / ____ / ____

Claimant's Claim No. _____

Bill of Lading No. _____ Date ____ / ____ / ____

Carrier Pro No. _____ Date ____ / ____ / ____

Claim in the amount of \$ _____

CLAIM PAYABLE TO:

NAME _____

STREET OR P.O. BOX NO. _____

CITY,STATE,ZIP _____

Telephone No. _____

() - _____

SHIPPER		CONSIGNEE	
ADDRESS		ADDRESS	
CITY,STATE,ZIP	COUNTRY	CITY,STATE,ZIP	COUNTRY

CLAIM MUST BE SUPPORTED BY A DETAILED STATEMENT SHOWING HOW THE AMOUNT WAS DETERMINED. INCLUDE A COMPLETE DESCRIPTION OF LOST ITEMS: SIZE,COLOR,MARKINGS, ETC.

WERE ARTICLES <input type="checkbox"/> NEW <input type="checkbox"/> USED	WEIGHT OF LOST OR DAMAGED ARTICLE <input type="text"/>	PIECES	\$ AMOUNT CLAIMED
			\$
			\$
			\$
			\$
Freight charge or prorated freight charge			\$
			\$

NOTE: Claim should be supported by the following documents. Failure to include sufficient documentation may delay conclusion of the claim.

Documentation of transportation contract <input type="checkbox"/> Copy of freight bill <input type="checkbox"/> <input type="checkbox"/>	Documentation that loss or damage occurred Noted consignee copy of freight bill <input type="checkbox"/>
Documentation of value/amount claimed Complete vendor invoice or photocopy showing all discounts* Original repair invoice or photocopy showing hours to repair, labor rate, and material cost*	Other documents to support claim <input type="checkbox"/> Copy of Bill of Lading <input type="checkbox"/> Inspection Report *Without this document, your claim cannot be processed.

Remarks:

The foregoing statement of facts is hereby certified as correct.

Claimant's Name (print) _____

Claimant's Signature _____

Date / / _____

Telephone No. _____ () - _____

Fax No. _____

E-mail Address () - _____