

CLAIM FORM – CARGO LOSS & DAMAGE

CLAIMANT INFORMATION

Company: _____

Contact Name: _____

Address: _____

Telephone/Fax: _____

Claimant ID#: _____

Email: _____

SHIPMENT INFORMATION

Shipper: _____

Consignee: _____

Origin of Shipment: _____

Destination: _____

BOL Date: _____

Delivery Date: _____

BOL or Customer Order No.: _____

Carrier's Freight Bill No.: _____

CLAIM INFORMATION

Noted Damage

Damaged goods can be used for an allowance of: _____

Concealed Damage

Damaged goods can be repaired for: _____

Shortage

Damaged goods are available for carrier pickup

Other: _____

Damaged goods unavailable (explain): _____

**DETAILED DESCRIPTION OF HOW CLAIM AMOUNT IS DETERMINED; INCLUDE QUANTITY & DESCRIPTION OF ARTICLES, NATURE AND EXTENT OF LOSS, INVOICE COST OF ARTICLES, AMOUNT OF CLAIM, ETC.
(ATTACH ADDITIONAL INFORMATION AS NEEDED)**

_____	_____
_____	_____
_____	_____
_____	_____

TOTAL CLAIM AMOUNT: _____

SUPPORTING DOCUMENTATION (ATTACHED)

Original Vendor Invoice (showing cost of product)

Original Bill of Lading

Carrier's Inspection Report Form

Original Paid Freight Bill

Shortage

POD Documenting Damage or Shortage

Consignee Concealed Loss or Damage Form

Other Documents: _____

CLAIM PREPARED BY

Name

Signature

Phone

Date