**Date Claim Completed**: Click here to enter a date.

**Shipment Number:** Click here to enter text.

**Date Claim Received by Approved**: Click here to enter a date.

**Claim is for**: [ ]  Damage [ ]  Concealed Damage [ ]  Shortage

**Claimed Amount**: Click here to enter text.
*(This field must be completed for claim to be processed, if left blank you must explain why below)*

**Consignee**:

 Company: Click here to enter text.

 Address: Click here to enter text.

 City, State Zip: Click here to enter text.

 Tel: Click here to enter text.

 Fax: Click here to enter text.

 POC: Click here to enter text.

**Shipper**:

 Company: Click here to enter text.

 Address: Click here to enter text.

 City, State Zip: Click here to enter text.

 Tel: Click here to enter text.

 Fax: Click here to enter text.

 POC: Click here to enter text.

**Detailed statement showing how the amount claimed is determined**: Number and description of articles, nature of loss or damage, invoice price of articles, amount of claim, etc. All discounts and allowances must be shown.

Click here to enter text.

**Note**: Claim should be supported by the following documents. Failure to include sufficient documentation may delay the claim.

[ ]  Copy of Bill of Lading with POD (Proof of Delivery) [ ]  Copy of Bill for Repair Cost (if applicable)

[ ]  Original Invoice showing the value of Merchandise [ ]  Photos or Inspection Report

*\* \* My signature below signifies that the forgoing statement of facts above is hereby certified as correct*.

Claimant’s Name: Click here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Company Name: Click here to enter text. Address: Click here to enter text.
City, State, Zip: Click here to enter text. Tel: Click here to enter text.
Fax: Click here to enter text. E-Mail: Click here to enter text.