**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.