

STANDARD CLAIM FORM FOR LOSS OR DAMAGE

Please note any monies due will be payable to the claimant

Claimant	:		Contact Name:			
Address:						
Claimants Ref. No:		_ Phone:		Fax:		
Claimant	s E Mail:					
Shipper:		Address:				
Carriers Pro No:			_ Pick Up Dat	e:	Del Date:	
Claim Is I	For: Loss	□ Damage	☐ Other	Claim Amount:	\$	
				E AMOUNT CLAIM or damage. All discoun		
	is for repairs plea	all pa	arts used to	facilitate repair.		
Qty Descr			ption		Unit Value	Total Value
	Total Claimed Amount					
			FOTAL WEIGH	T OF LOST OR DAM	AGED GOODS	
		DOCUMENTS F	REQUIRED W	TH CLAIM PRESE	NTATION .	
Bill of La	ding ☐ Proo f Loss or Damage ☐	f of Delivery 🗌		y of Original Invoices ☐	ce 🗌 Pad	cking Slips 🗌
_ ☐ Good	ls can be repaired fo ls can be "used as is aged goods are avai	s" for allowance	e of \$			
Claimant	Signature:	-		Date:		