

# CARGO LOSS & DAMAGE CLAIM FORM

As a service, ALL-WAYS TRUCKING, INC. will present this claim (in behalf of the claimant) to the following carrier:

NAME:

(Example: Yellow Freight)

ADDRESS:

PHONE #:

## Company or Individual Filing Claim

NAME

(Claimant)

ADDRESS:

Phone #:

Fax #:

CLAIM FOR:

SHORTAGE

DAMAGE

OTHER (Please Specify):

SHIPPER

CONSIGNEE

ADDRESS

ADDRESS

CITY

STATE

ZIP

CITY

STATE

ZIP

PICKUP DATE

DELIVERY DATE

DESCRIPTION OF WHAT THE CLAIM REPRESENTS AND HOW THE CLAIM AMOUNT WAS CALCULATED

CLAIM AMOUNT \$

**IN ORDER TO PROCESS YOUR CLAIM, PLEASE ATTACH THE FOLLOWING DOCUMENTATION:**

- Vendor's invoice showing price of lost or damaged goods.
- Bill of lading with loss and/or damage notations.
- Itemized repair bill, if applicable.
- Adjuster's report, if applicable.

CLAIMANT'S SIGNATURE

PRINT NAME & TITLE

DATE