

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM



6951 Buckeye St.
 China, CA 91710
 Tel: 909-923-2820
 Fax: 909-947-8497

Date _____

Pro Number# _____

This claim for \$ _____ is for Loss Or Damage

Transportation On Demand files all claims with our carriers on behalf of our customers. We have no legal liabilities or responsibility to settle or solve any claim submitted.

SHIPPER		CONSIGNEE	
Shipper		Consignee	
Address		Address	
City		City	
State	Zip	State	Zip
Phone	Fax	Phone	Fax
Shipper Ref #		PO #/PKGS/WGT:	

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED (number and description of articles, nature & extent of loss or damage, MANUFACTURER'S COST of articles, amount of claim, etc.- ALL DISCOUNT AND ALLOWANCES MUST BE SHOWN

Quantity	DESCRIPTION	UNIT COST	AMOUNT CLAIMED
TOTAL CLAIM AMOUNT			\$

Comments:

The following documents are REQUIRED in support of this claim:

- | | | |
|-----------------------------------|---------------------|---------------------------------|
| ORIGINAL BILL OF LADING | ORIGINAL INVOICE | INVOICE AT MANUFACTURERS COST** |
| INSPECTION REPORT (if applicable) | PROOF OF DELIVERY** | DETAILED REPAIR INVOICE** |

NOTE:
For Principles and Practices for the investigation and disposition of freight claims. see National Motor Freight Traffic Association. ICC NMF 100 Series

THE FOREGOING STATEMENTS OF FACTS ARE HEREBY CERTIFIED AS CORRECT

 COMPANY NAME

 CLAIMANTS NAME

 ADDRESS

 SIGNATURE

 DATE

 PHONE

 FAX