



Customer Cargo Claim Form

Is hereby filed for (check one):				Non delivery	Shortage	Damage
Date filed:						
Bill of Lading No:				Company Name		
Freight Carrier:				Address		
Invoice #:		Date:		City/Town & State & Country		Zip / Postal Code
Claimant Reference No.:		Confirmation Number :				

CLAIM MUST BE FIELD AND SUPPORTED BY PHOTOS OF THE DAMAGED ITEMS  
WITHIN 3 DAYS OF RECEIPT.

CLAIM MUST BE SUPPORTED BY A DETAILED STATEMENT SHOWING HOW THE AMOUNT WAS  
DETERMINED. INCLUDE A COMPLETE DESCRIPTION OF LOST ITEMS; SIZE, COLOR, MARKINGS,  
ETC. (If more room is needed in this section, use an additional claim form to be included with the  
submission of this claim form.)

ITEM #	DESCRIPTION	QTY	RATE	AMOUNT
TOTAL OF CLAIM				