



Freight Claim Form Loss and Damage

Fax To: 630-424-2259

To:	Date:
	Claimant's (filer's) Claim Number:
	Freight Bill Number:

This claim for \$ _____ is made against your company for ___ Damage ___ Shortage in connection with the following shipment:

Shipper's Name:	Consignee's Name:
Point Shipped From:	Final Destination:

Detailed Statement Showing How Amount Claimed is Determined

Number and Description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.. All Discounts and Allowances must be shown.

Qty	Item #	Descriptions	Inv. Cost
NMFC Item No. of Commodity Lost or Damaged:			Total Amount Claimed:

The following documents are submitted in support of this CLAIM:

- Original invoice or certified copy.
- Carrier's Inspection Report Form (concealed loss or damage).
- Other particulars obtainable in proof of loss or damage claim: _____

Remarks:

The foregoing statement of facts is hereby certified as CORRECT.

Compan Name:	Contact:	Email:
Mailing Address:	Phone Number:	Fax Number:
City:	State:	Zip: