



Office 619.867.0350
 Fax 619.867.0354
 Toll free 844.236.7760
 shipZION.com

LOSS AND/OR DAMAGE CLAIM

Name of Carrier	Date
Street Address	Claimants File Reference
City/State/Zip	Carrier Freight Bill Number

Claim Amount \$	Type of Claim <input type="checkbox"/> Damage <input type="checkbox"/> Loss
------------------------	--

Shipper Name	Consignee Name
Point Shipping From	Point Shipping To
Name of Carrier Issuing Bill of Lading	Name of Delivering Carrier
Date of Bill of Lading	Date of Delivery
Routing Shipment	Delivering Carrier's Freight Bill No.

CLAIM AMOUNT DESCRIPTION

<p>DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM WAS DETERMINED.</p> <p><small>Example: 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.</small></p>	
TOTAL AMOUNT OF CLAIM	\$

FOLLOWING DOCUMENTS ARE SUBMITTED TO SUPPORT CLAIM

<input type="checkbox"/> Bill of Lading Copy	<input type="checkbox"/> Consignee concealed loss or damage form
<input type="checkbox"/> Original Freight Bill (or other document bearing notation of loss if not shown on freight bill)	<input type="checkbox"/> Original invoice or certified copy
<input type="checkbox"/> Carrier's inspection report form (concealed loss or damage)	
<input type="checkbox"/> Other (explain)	

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED AS CORRECT

Claimants Name	Claimants Representative
Address	Phone Number
City/State/Zip	Fax Number