

CARGO LOSS & DAMAGE CLAIM FORM



This is my claim for(\$): _____ **Date:** _____
BOL Number _____ **Date Shipped:** _____
PRO # / TRACKING #: _____ **Total Weight** _____

Claim Filed for: _____ Damage (Noted on the POD)
 _____ Shortage (Noted on the POD)
 _____ Other **Specify:** _____

DETAILED STATEMENT FOR CLAIM DETERMINATION - Briefly describe what the claim represents and how the claim amount was calculated. Number of items, cases, pallets, nature and extent of damage/loss, invoice price of items, discounts and/or allowances. If this claim is for repair costs to a damage, a detailed repair invoice showing cost and materials must be included.

# of pieces	Item number, description and weight	Unit Price	Total Amount

Total # Units Claimed: _____ **Total Amount \$:** _____

Send with this claim form ORIGINAL INVOICE **CLAIM CANNOT BE PROCESSED WITHOUT ORIGINAL INVOICE AS BILLED BY SELLER**. Every effort will be made to settle your claim within 30 days; however, circumstances involving the shipment in question may require additional time.

Company name: _____
Preparer's Name: _____ **Date:** _____
Telephone #: _____ **Ext:** _____
E-mail address: _____
Signature: _____ **Title:** _____

The carrier has a right to inspect the freight so customers should not export, discard packaging or damaged freight until the conclusion of the claim or otherwise advised. **PLEASE NOTE:** The customer is responsible for full and timely payment of their invoice and should include the cost of the freight charges in their claim.

Send to: customersupport@ecutrucking.com