

TRUCKING, INC. FORM FOR PRESENTATION OF LOSS OR DAMAGE CLAIM

CLAIMANT (As Check Should be Addresses To)	HEITZ Clain	HEITZ Claim Number		
CLAIMANT ADDRESS	Date Form Completed			
City, State, Zip	CLAIMANT'S Tracking Number			
\$				
Amount Being Claimed	CLAIM TYPE:	DAMAGE		
Carrier Freight Bill Number	[SHORTAGE		
Date Shipped	[OTHER		
No. of China	Name of Caracina			
Name of Shipper	Name of Consignee			
Address of Shipper	Address of Consignee			
City, State, Zip	City, State, Zip			
DETAILS OF	CLAIM			
Number and description of articles; nature and exte	nt of loss or damage, amount	of each item, etc.		
	TOTAL AMOUNT CLAIMED			
In addition to the information above, the following support documents MUST be submitted:				
1 Bill of Lading showing Pickup Driver's Signa2 Bill of Lading showing discrepancy at delivered				
3 Any details to support why you feel carrie				
4 Original invoice to your customer showing				
5 Manufacturer's invoice showing cost to pr	-			
Ramarks:				
CLAIMANT'S PHONE #				
CLAIMANT'S EMAIL ADDRESS				
CLAIMANT'S Signature				