



**STANDARD CLAIM FORM FOR LOSS OR DAMAGE**

**\*\*Please note any monies due will be payable to the claimant\*\***

Claimant: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Claimants Ref No: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Claimants Email: \_\_\_\_\_

Shipper: \_\_\_\_\_ Address: \_\_\_\_\_

Carriers Pro No: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_ Del Date: \_\_\_\_\_

Claim Is For:            Loss        Damage        Other            Claim Amount \$ \_\_\_\_\_

**DETAILED STATEMENT SHOWING HOW THE AMOUNT CLAIMED FOR IS DETERMINED**

Number, description of articles, nature and extent of loss or damage. All discounts and allowances must be shown.

**If claim is for repairs, please give a detailed breakdown of what repairs were done. Include invoices for all parts used to facilitate repair.**

**Be sure to hold on to the damaged parts, as there is a chance that we will want to pick up the salvage.**

Qty	Description	Unit Value	Total Value
		<b>Total Claimed Amount</b>	

**TOTAL WEIGHT OF LOST OR DAMAGED GOODS** \_\_\_\_\_

**DOCUMENTS REQUIRED WITH CLAIM PRESENTATION**

BILL OF LADING   
PACKING SLIPS

PROOF OF DELIVERY   
DETAILS OF LOSS OR DAMAGE

COPY OF ORIGINAL INVOICE   
ALL REPAIR INVOICES

Goods can be repaired for approximately \$ \_\_\_\_\_

Goods can be "used as is" for allowance of \$ \_\_\_\_\_

Damaged goods are available for pick up: \_\_\_\_\_

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First Choice Transportation  
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