

Cargo Loss & Damage Claim Form

Review the information on the reverse before completing this form

Date: _____

Your reference # (optional): _____

Preparer's Name: _____

These Items Must Be Completed Or Your Claim Will Be Returned	
Claim Amount \$	Bill Of Lading Number No. PRO No. _____ P/U date _____

- Shortage
 Damage
 Other (specify) _____
 Air
 Ocean
 Courier
 LTL Truck
 Full Truck

Claimant's CORRESPONDENCE (MAILING) address:
Firm name (please print) _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Make Check Payable (REMIT TO) (Complete ONLY if different)
Firm name (please print) _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Claimant's Email address : _____

Shipper	Consignee
Shipper City/State/Zip	Consignee City/State/Zip

Briefly describe what the claim represents and how the claim amount was calculated

If the claim involves damaged goods, please check one or more of the following:	Please attach copies of:
<input type="checkbox"/> Damaged goods can be repaired for approximately \$ _____	<input type="checkbox"/> Vendor's original invoice REQUIRED for the original shipment showing the price of lost or damaged goods (including the final page.)
<input type="checkbox"/> Damaged goods can be used "as is" for an allowance of \$ _____	<input type="checkbox"/> Vendor's original invoice for the replacement shipment .
<input type="checkbox"/> Damaged goods are available for carrier pickup.	<input type="checkbox"/> Consignee's copy of the freight bill bearing loss or damage notations.
<input type="checkbox"/> Damaged goods are unavailable (please explain): _____	<input type="checkbox"/> If applicable, please attach itemized repair bill.
<input type="checkbox"/> Is item <input type="checkbox"/> New or <input type="checkbox"/> Used?	<input type="checkbox"/> If applicable, please attach Inspection Report.
<input type="checkbox"/> Other: _____	<input type="checkbox"/> A chargeback or debit memo is required on shortage claims.
	<input type="checkbox"/> The weight of the goods being claimed.

FAX TO:
888-286-0772
OR EMAIL TO:
claims@exfreight.com

If you fax your claim, please do not send a copy by mail.

MAIL TO:
Ex-Freight to forward to the carrier on your behalf
Ex-Freight Zeta Inc.
2290- 10th Ave
Suite 501, Lake Worth, FL 33461 U.S.A

Please retain damaged goods for carrier inspection

Signature of person making claim X _____ Date _____