

CARGO LOSS & DAMAGE CLAIM



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CLAIMANT INFORMATION

CLAIMANT'S NAME			DATE	CLAIMANT'S REFERENCE OR CLAIM NUMBER	
ADDRESS			CLAIMANT'S TELEPHONE NUMBER ()		
CITY	STATE	ZIP CODE	CLAIMANT'S FAX NUMBER ()		

SHIPMENT INFORMATION

PRO NUMBER		PICKUP DATE	CLAIM TYPE <input type="checkbox"/> SHORTAGE <input type="checkbox"/> DAMAGE <input type="checkbox"/> OTHER _____		
SHIPPER NAME			CONSIGNEE NAME		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM IS DETERMINED
(NUMBER AND DESCRIPTION OF ARTICLES, NATURE AND EXTENT OF LOSS OR DAMAGE, INVOICE PRICE OF ARTICLE, AMOUNT OF CLAIM, ETC.)
 -ALL DISCOUNTS MUST BE SHOWN-

CLAIM INFORMATION

DAMAGED GOODS

IF THE CLAIM INVOLVES DAMAGED GOODS, PLEASE CHECK ONE OR MORE OF THE FOLLOWING:

DAMAGED GOODS CAN BE REPAIRED FOR APPROXIMATELY \$ _____

DAMAGED GOODS CAN BE USED "AS IS" FOR AN ALLOWANCE OF \$ _____

DAMAGED GOODS ARE AVAILABLE FOR CARRIER PICKUP

DAMAGED GOODS ARE UNAVAILABLE FOR CARRIER PICKUP (PLEASE EXPLAIN)

SUPPORTING DOCUMENTATION

TO AVOID DELAY IN PROCESSING THIS CLAIM, PLEASE SUBMIT THE FOLLOWING SUPPORTING DOCUMENTATION:

COPY OF PAID FREIGHT BILL

COPY OF BILL OF LADING

CONSIGNEE'S COPY OF THE FREIGHT BILL SHOWING LOSS OR DAMAGE NOTATIONS

COMPLETE COPY OF VENDOR'S INVOICE SHOWING PRICE OF LOST OR DAMAGED GOODS

REPAIR BILL, IF APPLICABLE

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED TO AS CORRECT.

 (SIGNATURE OF CLAIMANT)