

**LOSS/DAMAGE CLAIMS FORM**

This claim for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is made against your company for (check one):

[ ]  Shortage [ ]  Visible Damage [ ]  Concealed Damage [ ]  Theft [ ]  Other

|  |
| --- |
| **INFORMATION** |
| ShipperConsigneeDate of Bill of Lading |  | Date of DeliveryPro/Airway Bill NumberClaimant Number |  |

|  |
| --- |
| **DETAILED STATEMENT SHOWING HOW CLAIM IS DETERMINED** |
| Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc. All discount and allowances must be shown. |  |

|  |  |
| --- | --- |
| **SUBMITTED DOCUMENTS** | **CLAIMANT INFORMATION** |
| [ ]  Original Bill of Lading[ ]  Original Paid Freight Bill/Carrier Document Bearing Notation of Loss/Damage[ ]  Carrier’s Inspection Report Form[ ]  Consignees Concealed Loss/Damage Form[ ]  Original Invoice or Certified Copy[ ]  Shippers Concealed Loss/Damage Form[ ]  Other Particulars Obtainable in Proof of Loss/Damage Claimed | Claimants NameCompany NameAddressCity, ST, ZipEmail AddressPhone Number |  |

**Please FAX THIS FORM to 909-XXX-XXXX
or EMAIL to claims@gotrans-cal.com**