

**LOSS/DAMAGE CLAIMS FORM**

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

Shortage  Visible Damage  Concealed Damage  Theft  Other

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| --- | --- | --- | --- |
| **INFORMATION** | | | |
| Shipper  Consignee  Date of Bill of Lading |  | Date of Delivery  Pro/Airway Bill Number  Claimant Number |  |

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| --- | --- |
| **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. |  |

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| **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 Name  Company Name  Address  City, ST, Zip  Email Address  Phone Number |  |

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