INTERSTATE CARGO CLAIMS SERVICE

STANDARD CLAIM FORM FOR LOSS OR DAMAGE

Claimant: _____ **Contact Name:** _____

Address: _____ **City/State/Zip Code:** _____

Reference # _____**Phone:** _____**Fax#**_____

E Mail: _____

Claimants Reference No.: _____ **Contact:**_____ _____

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 discount 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
	Total Claimed Amount		

TOTAL WT OF LOST OR DAMAGED GOODS _____

DOCMENTS REQUIRED WITH CLAIM PRESENTATION

Bill Of Lading ☐ Proof Of Delivery ☐ Copy of Original Invoice ☐ Packing Slips ☐
Details Of Loss Or Damage ☐ 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:** _____

Interstate Cargo Claims Service
6421 West Arrowhead Avenue "A"
Kennewick, WA 99336
Ph# 877-832-2135 Fax # 888-202-3032