



STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

To: Specialty Freight Services, Inc.
Claim Department
2 Poulson Avenue
Essington, PA 19029

Date:
Your Reference:
Specialty Pro #:
Claim is for: Damage Loss Shortage

Your Company name:
Address:
City/State/Zip:
Your Name:
Phone:
Fax or Email:

Shipper Name:
Shipper City/State:
Consignee Name:
Consignee City/State:
Date of Shipment:

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc..
ALL DISCOUNTS AND ALLOWANCES MUST BE SHOWN

Table with multiple rows for detailing the claim, including columns for description and amount.

(Attached a new page if more space is needed)

Total amount claimed

The following documents must be submitted in support of this claim.

- Copy of repair invoice or repair estimate
Document bearing notation of loss or damage (Delivery Receipt)
Complete invoice showing original cost of goods
Estimate of potential as-is salvage or release value
Pictures (If available)
Other:

Additional Comments:

I herby certify that foregoing statement and attachments are correct:

Date:

Print Name

Signature