

**Logistics Department**

**Loss and Damage Claims Procedure**

**Concealed Damage Reporting Form**

**Important note for the claimant:**

**As soon as concealed loss or damage is noted, phone the carrier and follow up your phone call with an email including this form.**

**On the email, utilize a “Delivery Receipt Option”. Please be sure to retain the response as a part of the claim documentation.**

**If the carrier is not notified within 5 days, they will not accept the potential claim.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with the rules governed by NMFC Item 300135, this is your notification of a concealed loss or damage, covered by the shipment listed below.

Please arrange for an inspection within the next five days and complete the process within 15 days. If your inspection is not completed within the allotted time, a Self-Inspection will be completed and sent to you, as a part of our claim.

Please acknowledge receipt of this form.

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| General Information |
| Carrier Employee Contacted: |  | Date: |  | Time: |  |
| Carrier Name: |  | Pro No: |  |
| Freight Bill Date: |  | Ship Date: |  | Receive Date: |  |
| Shipper: |  | Consignee: |  |
| Origin: |  | Destination: |  |

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| Damage Description |
| Please provide a description of the damage or loss, including as many details as possible. |
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Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_