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**Logistics Department**

**Loss and Damage Claims Procedure**

**REQUEST FOR INFORMATION**

You recently submitted a file to process as a potential claim. The file was submitted on **\_\_\_\_\_\_\_\_\_\_\_\_**

The following information should help you identify the shipment in question:

|  |
| --- |
| General Information |
| Shipper: |  |
| Origin (City, State, Zip): |  |
| Receiver: |  |
| Origin (City, State, Zip): |  |
| Carrier: |  |
| Freight Bill #: |  | Date: |  |
|  |  |  |  |
| Documentation |
| The following documents are missing. Please furnish and return with this document. |
|  | Signed BoL |  |  | Photos |
|  | Carrier Inspection Report |  |  | Receiving Record |
|  | Carrier Waiver of Inspection |  |  | Repair Invoice |
|  | Invoice to Dealer |  |  | Seal History |
|  | OS&D Report |  |  | Signed Delivery Receipt/Freight Bill with Exception |
|  | Ocean Bill |  |  | Statement of Total Loss |
|  | Packing List |  |  | Surveyor’s Report |
| Additional Documents Needed: |  |
|  |
| Comments: |  |
|  |

If you have any questions or have any problems providing this information, please contact this writer:

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_