**Logistics Department**

**Loss and Damage Claims Procedure**

**DAMAGE SUMMARY**

|  |
| --- |
| General Information |
| Carrier Name: |  | Attention: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
| Original Pro Number: |  | Our Claim Number: |  |
| Your Claim Number: |  |  |  |
|  |  |  |  |

Is being provided as evidence of a damaged shipment, handled by your company and covered by the above Pro Number. If authorization is provided to return the damaged product to the shipper or consignee, additional instructions will be provided and this shipment is to be returned on a Free Astray basis.

|  |  |
| --- | --- |
| Shipper Information | Consignee Information |
| Shipper Name: |  | Consignee Name: |  |
| Address: |  | Address: |  |
| City: |  | City: |  |
| State: |  | Zip: |  | State: |  | Zip: |  |
| Phone # |  | Phone # |  |
| Fax # |  | Fax # |  |
| Email: |  | Email: |  |
|  |  |  |  |

**Product Damaged**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quantity** | **Product Description** | **SKU** | **Weight** | **Cost Per Unit** | **Total Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total |  |  |  |  |  |

Description of Damages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If instructions are provided to return the damaged product to the shipper, please provide the return Pro Number and a copy if the delivery receipt, so that we may update our claim file. If you have any questions or any problems arranging for this pick up and/or delivery, please contact:

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