**Logistics Department**

**Loss and Damage Claims Procedure**

**INTENT TO FILE A CLAIM**

Dear

This is to advise you that this is (Your Company Name’s) formal intent to file a loss and damage claim on behalf of \_\_\_\_\_\_\_\_\_\_\_\_, to recover any loss which might have occurred, involving the following shipment:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Shipment Information | | | | | | | | | | | | | | | | | | |
| Ship Date: | | |  | | | | Received Date: |  | | | Carrier: | | |  | | | | |
| Freight Bill Pro # | | | | |  | | | | Type of Exception: | | | | | |  | | | |
| Product Involved: | | | | | |  | | | Claim Amount: | | | |  | | | | | |
| Shipper: | |  | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | State: | |  | | | | Zip: |  | |
| Consignee: | | | |  | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | State: | |  | | | | Zip: | |  |
|  | | | | | | | | | | | | | | | | | | |

(Your Company Name) in the process of accumulating all of the required documentation. Once all of the documentation is assembled, and if a claim is appropriate, a formal claim will be filed.

A copy of this Notice of Intent to File Claim will be included with the claim.

Very truly yours,

CDS Claims Manager