**Dealer**

**Loss and Damage Claims Procedure**

**LOSS & DAMAGE CLAIM**

|  |  |
| --- | --- |
| Presentation Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Claim is hereby filed with the below carrier for:\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Claim ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Freight Bill (Pro) Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In connection with the shipment described below:\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Carrier Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BOL Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ship Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Freight Bill Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Shipper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Origin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Destination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
|  |  | |  | |  | | |  | | |  | | | | |  | |  |
| Product ID | | Product Description | Quantity | | | | Cost Per Unit | | Weight | | | |  | Release No. | | | Cost/Total | |
|  | |  |  | | | |  | |  | | | |  |  | | |  | |
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|  | |  |  | | | |  | |  | | | |  |  | | |  | |
|  |  | |  |  | | | |  | | |  | | | | Discount (-) | |  | |
|  |  | |  |  | | | |  |  | | | Freight Charges (+) | | | | |  | |
|  |  | |  |  | | | |  | | |  | | Misc. Charges (+) | | | |  | |
|  |  | |  |  | | | |  | |  | | Total Claim Amount: | | | | |  | |

**Domestic Inbound Or International Claim Packet**

The claim packet will include:

* Claim Form
* Account numbers for crediting claims reimbursement
* Carrier Waiver of Inspection
* Correspondence
* Custom documentation
* Invoice for repairs
* OS&D Report
* Paid Freight Charges
* Photos
* Product Invoice
* Rail Car Number
* Request for Inspection
* Survey
* Vessel
* Any other documentation such as QC reports or other evidence to support the claim
* Additional recoverable costs

**Domestic Shipping – Outbound All Modes – Claim Packet**

This claim packet will include:

* Claim Form
* Any correspondence with carrier, facility or customer to support claim
* Copy of Freight Bill with exception(s) noted
* Copy of Inspection Report
* Copy of signed BOL
* Credit memo if issued to consignee
* Customer Invoice
* Photos

The Claim Analyst may identify and request additional documentation needed to successfully resolve a claim.