**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| 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 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | 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.