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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_