Loss & Damage Claim Form

TO: CHOICE TRANSPORTATION

6160 WILDERNESS AVE.
RIVERSIDE, CA 92504
(951) 351-7766

DATE:

CLAIMANT'S #:
CARRIER'S #:

This Claims for $_____ is made for which of the following. LOSS/DAMAGE

SHIPPER:_____
SHIPPED FROM:_____
SHIPPED DATE:_____

CONSIGNEE:_____
ADDRESS:_____
DELIVERY DATE:_____

*This claim is based on the value of the property using the following determination.

Number and description of articles, nature and extent of damage or loss. Invoice price of articles, amount of claim, etc. (ALL DISCOUNTS & ALLOWANCES MUST BE SHOWN)

DESCRIPTION	QUANTITY	VALUE	TOTAL
TOTAL AMOUNT CLAIMED			

Support documents submitted:
- ☐ Original BOL/Copy
- ☐ Original Invoice/Copy
- ☐ Original Freight Bill/Copy
- ☐ Documentation of Loss & Damage
- ☐ Other proof of claim (explain)

**Note: The absence of any documentation called for in connection with this claim must be explained. When impossible for claimant to produce original BOL, or paid freight bill, a bond of indemnity must be given to protect carrier against duplicate claim supported by original documents.)*

The foregoing statement of facts is hereby certified as correct.

CLAMAINT NAME: _____

ADDRESS:_____