



Charter Transportation
 Phone | 760.949.8705
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 sales@chartertransport.com
 www.chartertransport.com

LOSS AND DAMAGE CLAIM

Date _____

Pro Number# _____

This claim for \$ _____ is made against Charter Transportation Inc for: _____ LOSS _____

Damage in connection with the following described shipment:

SHIPPER		CONSIGNEE	
Shipper		Consignee	
Address		Address	
City		City	
State CA	Zip	State CA	Zip
Phone	Fax	Phone	Fax
Shipper Ref #		PO #/PKGS/WGT:	

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED (number and description of articles, nature & extent of loss or damage, MANUFACTURER'S COST of articles, amount of claim, etc.- ALL DISCOUNT AND ALLOWANCES MUST BE SHOWN

Quantity	DESCRIPTION	UNIT COST	AMOUNT CLAIMED
TOTAL CLAIM AMOUNT			\$ _____

Comments:

The following documents are REQUIRED in support of this claim:

- ORIGINAL BILL OF LADING
- ORIGINAL INVOICE
- INVOICE AT MANUFACTURERS COST**
- INSPECTION REPORT (if applicable)
- PROOF OF DELIVERY**
- DETAILED REPAIR INVOICE**

Note: All damage claims MUST be accompanied by photos of items and packaging to support the claim. The absence of any document called for in connection with this claim must be explained. When impossible for claimants to produce original bill of lading or paid freight bill, a bond of indemnity must be given to protect Charter Transportation Inc. against duplicate claims supported by original documents.

Note: Charter Transportation Inc reserves the right to inspect and rapair any piece before replacing it.

THE FOREGOING STATEMENTS OF FACTS ARE HEREBY CERTIFIED AS CORRECT

COMPANY NAME	CLAIMANTS NAME
ADDRESS	SIGNATURE
PHONE	DATE
	FAX

Print Form

... ALL CLAIMS MUST BE SUBMITTED WITHIN 7 DAYS OF DELIVERY ...

Email Form