

# CARGO LOSS & DAMAGE CLAIM

SEND OR FAX\* CLAIM TO (CARRIER):

  
  
  

\*IF YOU FAX YOUR CLAIM, PLEASE DO NOT SEND A COPY BY MAIL.

**MAKE CHECK PAYABLE TO:**

CLAIMANT

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ADDRESS

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CITY, STATE, ZIP

CLAIMANT'S NAME (PLEASE PRINT)		DATE
YOUR REFERENCE OR CLAIM NO.	CLAIMANT'S TELEPHONE NO.	CLAIMANT'S FAX NO.
CLAIMANT'S ADDRESS		CITY, STATE, ZIP

CLAIM AMOUNT	CLAIM FOR	
\$	<input type="checkbox"/> Shortage	<input type="checkbox"/> Damage
	<input type="checkbox"/> Other (specify):	
SHIPPER	CONSIGNEE	
ORIGIN	DESTINATION	
CARRIER PRO NO. IF UNKNOWN, ATTACH A COPY OF THE BILL OF LADING.	PICKUP DATE	

**BRIEFLY DESCRIBE WHAT THE CLAIM REPRESENTS AND HOW THE CLAIM AMOUNT WAS CALCULATED.**

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**IF THE CLAIM INVOLVES DAMAGED GOODS, PLEASE CHECK ONE OR MORE OF THE FOLLOWING:**

Damaged goods can be repaired for approximately \$ \_\_\_\_\_.

Damaged goods can be repaired for approximately \$ \_\_\_\_\_.

Damaged goods are available for carrier pickup.

Damaged goods are unavailable (please explain):

**TO AVOID DELAY IN PROCESSING YOUR CLAIM, PLEASE ATTACH THE APPROPRIATE DOCUMENTATION:**

Vendor's invoice showing price of lost or damaged goods, including final page.

Consignee's copy of the freight bill bearing loss or damage notations.

Itemized repair bill, if applicable.

Inspection Report, if available.



L&M Transportation Services, Inc.  
Raleigh, North Carolina 27604

CLAIMANT'S SIGNATURE