

CLAIM FORM

Name of person to whom claim is presented	Date
Name of Carrier	Carrier Phone Number
Address of Carrier	Carrier Fax Number

This claim for _____ is made against the carrier named above by _____, Inc. for lost, damaged, or stolen property in connection with the following shipments (s):

Description of shipment:

Name and address of shipper:

Final destination:

Routed via:

CWL Pro Number:

Detailed Statement Showing How Amount Claimed is Determined:						
(Number and description of articles, nature and extent of loss or damage invoice price of articles, amount of claim, etc.)						
Quantity	Item #	PO #	Desc.	Pieces	Unit Price	Amount
Freight						
TOTAL						

- The following documents checked below are submitted for your review:**
- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Notice of loss or damage via this claim form/ack 2. Original Bill of Lading 3. Original Paid Freight Bill 4. Original Commercial Invoice 5. Inspection Report 6. Photographs 7. Delivery Receipt | <ol style="list-style-type: none"> 8. Damaged Goods Disposition Report 9. Cause of Loss Statement 10. Quality Control Report 11. Packaging, Loading, Blocking, Bracing, and Unloading Report 12. Other information relevant to the details of this claim |
|---|---|

Remit: Tonya Cutts, Cutts Worldwide Logistics, Inc.
P O Box 1070
A c k e r m a n, MS 3 9 7 3 5
662-285-4300