

## **CLAIM FORM**

## CARGO LOSS & DAMAGE

CLAIMANT INFORMATION			
Company:		Contact Name:	
Address:		Telephone:	
		Fax:	
Reference No:		Email:	
SHIPMENT INFORMATION			
EDI Bill No:		Commodity:	
Date of Shipment:		Quantity:	
Date of simplicite.		Quantity.	
Shipper:		City, State & Zip:	
Consignee:		City, State & Zip:	
CLAIM INFORMATION			
Damaged	Qty:	Damageo repaired	d items are able to be for:
Shortage	Qty:		d items are able to be
Other:	Qty:		discount for:ditems are available
NOTE: DAMAGED ITEMS MUST BE RETAINED UNTIL			er pickup
THE CLAIM HAS BEEN BROUGHT TO A PROPER RESOLVE			d items are ble (Explain below)
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.)  ALL DISCOUNTS AND ALLOWANCES MUST BE SHOWN			
		TOTAL (	CLAIM AMOUNT:
SUPPORTING DOCUMENTS			
Original B	Bill of Lading	Repair Ir	nvoice (If applicable)
☐ Delivery R	Receipt	☐ Inspection	on Report (If applicable)
Cost Invoice or Certified Copy		☐ Price Qu	ote Obtained
Shipment Packing Slip		☐ Images /	Other Documents to Support Claim
Mail, Fax, or Email EDI Express, Claims Department CLAIM PREPARED BY			ARED BY
	596 West 135th Street	(The Foregoing S	Statement of Facts is Hereby Certified Correct)
(	Gardena, CA 90248	Name:	
I	Fax: 424.433.5185	Signature:	
I	Email: Claims@ediexpressinc.com	Date:	