AmeriTruck
Freight Services Limited

Standard Form For Loss & Damage Claims

Date _____ Claimant Address _____

Claimant _____ _____

Claimant Ref # _____ _____

Carrier _____

The claim for $_____ is made against the carrier named above by: _____
for **loss or damage** (circle one) in connection with the following described shipments:

Description of shipment: _____

Name and address of shipper: _____

_____

Shipped from: _____ Shipped to: _____

Final Destination: _____ Routed via: _____

Date of pick up _____ Carrier Pro #: _____

Name and address of consignee: _____

_____

Detailed statement showing how amount claimed is determined:

Number and description of articles, nature and extent of loss or damage invoice price of articles, etc.	Amount of claim
Total claim amount	

In addition to the information above, the following documents are submitted in support of this claim.
Please place a checkmark beside each document type that is being sent.

- ☐ Copy of original Bill of Lading
- ☐ Copy of paid freight bill or copy of delivery receipt
- ☐ Copy of original supplier invoice
- ☐ Other particulars obtainable in proof of loss or damage claimed (please outline here)

_____

_____

The forgoing statement of facts is hereby certified as correct: _____
Signature of Claimant

Family Tradition... Customer Driven!

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