



867 Interchange Drive  
 Holland, MI 49423  
 Phone: (616) 879-0086 / Fax: (616) 879-0098

### Presentation of Loss and Damage Claim

Company Name:	Claimant's Claim No.:	Date Prepared:
Address:	Zip Xpress Pro No.:	Freight Bill Date:
City, State, Zip:	Ship Date:	Delivery Date:

Claim Amount \_\_\_\_\_

Visual Damage    Shortage    Concealed Damage (must be filed within 15 days of delivery)

Shipper: \_\_\_\_\_ Consignee: \_\_\_\_\_

Origin: \_\_\_\_\_ Destination: \_\_\_\_\_

**Detailed Statement Showing How Amount Claimed For is Determined:**

(Please include quantity, item #, nature and extent of the loss. All discounts and allowances must be shown)

Quantity	Description	Amount

Applicable Freight Charges:   
**Total Amount Claimed:**

### Documents needed in support of Claim

**Original or copy of paid freight bill**

**Original invoice or certified copy**

**Carrier's inspection report if inspection done** (for damage claims only)

**Repair bill or certified copy if repaired** (showing material used & labor rate per hour)

Any claim received without this document is subject to denial based on NMFC Item #300110