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CENTRAL TRUCKING INC.

11930 N. Hartman Drive. • Edinburgh, IN 46124

Claim Form
Loss and Damage

TO:	**Date:**
	Claimant's (Filer's) Claim Number:
	Freight Bill Number:

This claim for $_____ is made against your company for ☐ Damage ☐ Shortage in connection with the following described shipment:

Shipper's Name:	Consignee's Name:
Point Shipped From:	Final Destination:

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 Discount and Allowances must be shown.**

Qty	Item #	Description	Invoice Cost
		Total Amount Claimed:	

RETAIN SALVAGE AND ADVISE SALVAGE CONTACT NAME, PHONE NUMBER, AND FAX NUMBER: _____

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:

☑ Original invoice or certified copy.

☐ Carrier's Inspection Report Form (concealed loss or damage).

☐ Other particulars obtainable in proof of loss or damage claimed: _____

Remarks:

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED AS CORRECT.

Company Name:	Contact:	Email Address:
Mailing Address:	Phone Number:	Fax Number:
City:	State:	Zip: