

Thom Sawyer Logistics Solutions Inc

Loss & Damage Claim Form

Claim Date: _____ Claimant Ref # _____

TSL Control # _____ Carrier Pro# _____

This claim in the amount of _____ is being made against _____ (carrier name) by _____ for _____ (lost shipment, damage, shortage) in connection with the following shipment:

Shipper: _____ Consignee: _____

Address: _____ Address: _____

City/State/Zip _____ City/State/Zip _____

Contact: _____ Contact: _____

Phone : _____ Phone: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

Date of Shipment: _____

Detailed statement showing how claimed amount is determined.
(Number & description of articles & extent of loss or damage, invoice prices, claim amount, etc)

Description:	Dollar Amount
Total Amount of Claim	

In addition to the information given above, please submit the following documents in support of this claim. Please indicate documents enclosed with a check mark:

- _____ 1. Original Bill of Lading
- _____ 2. Original invoice for cost of goods shipped
- _____ 3. Repair or replacement estimates/invoices
- _____ 4. Original paid freight bill
- _____ 5. Other documents obtainable in proof of loss or damage claims

Remarks: _____

The foregoing statement of facts is hereby certified to be correct and true:

Claim payable to: _____

Address: _____

Signature of Claimant

Date