

**MOTOR CARRIER CARGO SHORTAGE
AND DAMAGE CLAIM FORM**

Send Claim to:
E-mail claims@dls-ww.com

Claim in the amount of \$ _____
 Is hereby filed for (check one): Shortage Damage
 Date Filed ____ / ____ / ____
 Claimant's Claim No. _____
 Bill of Lading No. _____ Date ____ / ____ / ____
 Carrier Pro No. _____ Date ____ / ____ / ____

CLAIM PAYABLE TO:	
NAME _____	
STREET OR P.O. BOX NO. _____	
CITY,STATE,ZIP _____	Telephone No. _____ () -

SHIPPER		CONSIGNEE	
ADDRESS _____		ADDRESS _____	
CITY,STATE,ZIP _____	COUNTRY _____	CITY,STATE,ZIP _____	COUNTRY _____

CLAIM MUST BE SUPPORTED BY A DETAILED STATEMENT SHOWING HOW THE AMOUNT WAS DETERMINED. INCLUDE A COMPLETE DESCRIPTION OF LOST ITEMS: SIZE,COLOR,MARKINGS, ETC.

WERE ARTICLES <input type="checkbox"/> NEW <input type="checkbox"/> USED	WEIGHT OF LOST OR DAMAGED ARTICLE _____	PIECES	\$ AMOUNT CLAIMED
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

NOTE: Claim should be supported by the following documents. Failure to include sufficient documentation may delay conclusion of the claim.

<p>Documentation of transportation contract</p> <p><input type="checkbox"/> Copy of freight bill</p> <p>Documentation of value/amount claimed</p> <p><input type="checkbox"/> Complete vendor invoice or photocopy showing all discounts*</p> <p><input type="checkbox"/> Original repair invoice or photocopy showing hours to repair, labor rate, and material cost*</p>	<p>Documentation that loss or damage occurred</p> <p><input type="checkbox"/> Noted consignee copy of freight bill</p> <p>Other documents to support claim</p> <p><input type="checkbox"/> Copy of Bill of Lading</p> <p><input type="checkbox"/> Inspection Report</p> <p>*Without this document, your claim cannot be processed.</p>
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Remarks:

The foregoing statement of facts is hereby certified as correct.

Claimant's Name (print) _____
 Claimant's Signature _____
 Date ____ / ____ / ____
 Telephone No. () - _____
 Fax No. () - _____
 E-mail Address _____