



P.O. Box 90816 City of Industry, CA 91706 Fax: (626) 256-1948

CLAIMANT (TYPE OR TYPE)

COMPANY NAME

ADDRESS OR P.O. BOX NUMBER

CITY STATE ZIP CODE

CLAIMANT'S CLAIM NUMBER _____

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS

NOTE: REVIEW INFORMATION ENCLOSED BEFORE YOU COMPLETE THIS CLAIM FORM

CLAIM IS HEREBY FILED WITH BEST OVERNITE EXPRESS INC. FOR

- SHORTAGE
- DAMAGE
- OTHER: _____

IN CONNECTION WITH THE SHIPMENT DESCRIBED BELOW

BEST OVERNITE EXPRESS, INC.	FREIGHT BILL NUMBER _____	DATE ____ / ____ / ____
SHIPPER _____	POINT SHIPPED FROM _____	
CONSIGNEE _____	DESTINATION _____	

DETAILED STATEMENT SHOWING HOW CLAIM AMOUNT IS DETERMINED. NUMBER AND DESCRIPTION OF ARTICLES. NATURE AND EXTENT OF LOSS OR DAMAGE.

INVOICE COST OF ARTICLES	AMOUNT OF CLAIM

AS A MINIMUM: CLAIM MUST BE SUPPORTED BY AT LEAST ONE DOCUMENT FROM EACH OF THE FOLLOWING CATEGORIES. FAILURE TO INCLUDE SUFFICIENT DOCUMENTATION WILL DELAY PROCESSING OF CLAIM.

DOCUMENTATION OF TRANSPORTATION CONTRACT

- COPY OF BILL OF LADING
- COPY OF FREIGHT BILL

DOCUMENTATION THAT SHORTAGE OR DAMAGED OCCURRED

- INSPECTION REPORT
- CONSIGNEE COPY OF FREIGHT BILL WITH SHORTAGE OR DAMAGE NOTATION BY DRIVER

DOCUMENTATION OF COST OF GOODS

- ORIGINAL PURCHASE (VENDOR) INVOICE OR PHOTO COPY
- OTHER DOCUMENTS TO SUPPORT CLAIM
- ORIGINAL REPAIR INVOICE OR PHOTOCOPY
- RECORD OF DISCOUNTED SALE
- _____

REMARKS: _____
