

CARGO LOSS & DAMAGE CLAIM



SEND OR FAX CLAIM TO:

CENTRAL TRANSPORT®
ATTN: CLAIMS DEPARTMENT
 12225 STEPHENS ROAD
 WARREN, MI 48089
 FAX: (586) 467-0103

CLAIM FILED BY

DATE:

TYPE OF CLAIM (CHECK ONE)

- Complete Shortage Partial Shortage
 Noted Damage Other, Explain
 Damage and Shortage

CLAIMANT:		
ADDRESS:		
CITY:	ST:	POSTAL CODE:
CONTACT PERSON:		PHONE #
FAX#:	EMAIL:	
CLAIMANT'S REFERENCE NUMBER:		

SHIPMENT FOR WHICH CLAIM IS BEING FILED

SHIPPER'S NAME		CONSIGNEE'S NAME	
ORIGIN		DESTINATION	
BILL OF LADING NO.	B/L DATE:	DATE OF DELIVERY	
PRO #			

DETAILED DESCRIPTION OF MATERIAL BEING CLAIMED

NUMBER OF PIECES	DESCRIPTION OF MATERIAL	UNIT COST	AMOUNT OF CLAIM
TOTAL			

Please refer to our **CTII 100 Rules Tariff** for any limitation of liability. Certain commodities in the NMFC may also carry reduced liability limits. All claims must be filed within 9 months unless further restrictions apply.

FOR PROMPT SERVICE, PLEASE PROVIDE THE NECESSARY DOCUMENTATION:

- | | |
|--|---|
| <p>➤ EVIDENCE OF PAID FREIGHT CHARGES:
All freight charges associated with the shipment in question must be paid prior to any claim filing.</p> <p>➤ VERIFICATION OF COST:
SHIPPER: Documentation of original cost
CONSIGNEE: Copy of invoice for shipment</p> | <p>➤ INSPECTION:
Damage Claims over \$500 require joint inspection. A copy of the inspection must be presented with claim presentation. Your local Central Transport terminal can be contacted for inspection arrangements.</p> <p>➤ PROOF OF LOSS:
IF DELIVERED: Copy of Delivery Receipt
IF NOT DELIVERED: Copy of Bill of Lading</p> |
|--|---|

Claimant's Signature _____

-DEPARTMENT USE ONLY-

1) _____	4) _____	7) _____
2) _____	5) _____	8) _____
3) _____	6) _____	9) _____