

FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

MAIL THIS ORIGINAL CLAIM FORM WITH THE SUPPORTING DOCUMENTS - DO NOT FAX
 Keep a copy for your records. Read the instructions on the next page before completing this form

To: Dependable Highway Express
 Freight Claims Department
 2555 E. Olympic Blvd.
 Los Angeles, CA 90023

Date Mailed: _____ **1**

Claimant's Ref: _____ **2**

3 This Claim is for \$ _____ is made against your company for Damage Loss in connection with the following shipment.

<p>4 This Shipment was shipped from:</p> <p>Shipper's Name: _____</p> <p>Address: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Contact Name and Phone: _____</p>	<p>5 This shipment was shipped to:</p> <p>Consignee's Name: _____</p> <p>Address: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Contact Name and Phone: _____</p>
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6 DETAILED STATEMENT SHOWING HOW CLAIMED AMOUNT IS DETERMINED
 (Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc. ALL DISCOUNTS MUST BE SHOWN)

Total Amount Claimed	

- 7** The following documents are submitted in support of this claim
- Copy of the original bill of lading
 - Copy of the PAID freight bill
 - Copy of the proof of delivery (Delivery Memo)
 - Copy of the original invoice

8 This claim is being filed by:

Company Name (Print) _____

Name of Person Submitting Claim (Print) _____

Street Address (Print) _____

City, State, Zip (Print) _____

Phone, FAX, E-Mail _____

FOR OFFICE USE ONLY

LIR# _____

Pro# _____

IL Pro# _____

Shp Dte _____

LTL/OSD _____

INSTRUCTIONS FOR COMPLETING CLAIM FORM

Special Notice:

Your claim form may already have some of the information completed to assist you in filing your claim. Please review this information and make corrections as necessary before mailing your claim.

Complete the information requested below to the best of your ability. Please remember that claims which are not correct or complete will take longer to process.

Mail your claim to the address below:

Dependable Highway Express
Freight Claims Department
2555 E. Olympic Blvd.
Los Angeles, CA 90023

You will receive a claims acknowledgement referencing your claim number and our claim number within 30 days. Most claims are resolved within 90 days of receipt.

If you have any questions please call the claims department at 323-526-2222 and ask for freight claims.

The numbers below correspond to those on the claim form.

- 1** The date you prepared and mailed your claim.
- 2** A reference number assigned by your company. Many companies use the original customer invoice number.
- 3** Indicate the amount of the claim, and if it was a result of loss or damage.
- 4** The information on where the shipment originated.
- 5** The information on where the shipment was to be delivered.
- 6** Details on how the claim was calculated.
- 7** The documents included to support the claim. All the listed items are required for most claims.
- 8** The information on who is filing the claim.

All Claims should be mailed to the above address. Do not not fax.

Claims which are not complete, or not mailed to the correct address above may result in a substantial delay in investigation and payment.