

# PRESENTATION OF SHORTAGE OR DAMAGE CLAIM

<u>FOR CARRIER USE ONLY</u>
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This Claim is for (check one):  SHORTAGE  DAMAGE

Reset Form

DATE FILED:
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**Send to:**  
**Lakeville Motor Express, Inc.**  
**P.O. Box 130280**  
**Roseville, MN 55113**  
**Claim Dept. Fax: 651-636-2228**

<u>CLAIMANT'S CLAIM NUMBER</u>
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CLAIMANT (COMPANY NAME)
ADDRESS
CITY/STATE/ZIP
PHONE NUMBER (w/AREA CODE)
FAX NUMBER (w/AREA CODE)
E-MAIL ADDRESS

<b>AMOUNT CLAIMED \$ _____</b> Claim is for: <input type="checkbox"/> Full Value <input type="checkbox"/> Repair <input type="checkbox"/> Allowance
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<b>PLEASE REFER TO THE CARRIER PRO NUMBER IN ALL CORRESPONDENCE</b>	
_____ CARRIER FREIGHT BILL/PRO NUMBER	_____ BILL DATE

SHIPPER (COMPANY NAME)
ADDRESS
CITY/STATE/ZIP
PHONE NUMBER (w/AREA CODE)

CONSIGNEE (COMPANY NAME)
ADDRESS
CITY/STATE/ZIP
PHONE NUMBER (w/AREA CODE)

<b>BE SURE TO                  ATTACH A LETTER                  OF EXPLANATION                  IF THERE ARE                  SPECIAL                  CIRCUMSTANCES                  WE SHOULD                  KNOW ABOUT</b>
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----- **STATEMENT OF SHORTAGE OR DAMAGE** -----

NO. OF PCS.	DESCRIPTION OF ARTICLES, INCLUDING MODEL NO. ETC.	
<b>TOTAL AMOUNT CLAIMED</b>		\$0.00

**IMPORTANT NOTE TO OUR CUSTOMERS: THE FOLLOWING MUST BE INCLUDED TO PROCESS YOUR CLAIM**

**SHORTAGE CLAIMS: SUBMIT ITEMS 1-3      DAMAGE CLAIMS: SUBMIT ITEMS 1-6**

1.  Original vendor's invoice (proof of purchase cost) or photo static copy showing all discounts. (please include entire invoice.)
2.  Legible copy of freight bill or original paid freight bill if available.
3.  Original bill of lading or bond of indemnity in lieu thereof.
4.  Carrier's inspection report, where copy has been provided.
5.  Invoice for repair or re-coopering, showing breakdown of labor by hour and rate of pay, if applicable.
6.  Invoice for materials purchased to complete repair or re-coopering, if applicable.

NOTE: In the case of non-delivery or shortage, it will speed conclusion if claim includes a signed statement from the consignee certifying the goods claimed short have never been received from any source and further notification will be given to the carrier to whom this claim was presented in the event said goods are ever received in the future.

The claimant certifies the foregoing to be correct, and agrees to indemnify the carrier against loss in the event the original Bill of Lading and/or original freight bill are not submitted. Claims must be filed within 9 months from the date of delivery. Salvage must be retained until a claim has been concluded or is picked up by the carrier. A carrier legally has 120 days to conclude a claim or advise claimant in writing after 120 days as to the status and reason for the delay in making final disposition.

**ABOVE MUST BE COMPLETED!**

Form 2001-LD-4 (Rev. July, 2008)

\_\_\_\_\_  
 SIGNATURE OF CLAIMANT