

**PRESENTATION OF SHORTAGE OR DAMAGE FORM**

FOR CARRIER USE ONLY

DATE: \_\_\_\_\_

This Claim For  SHORTAGE is presented to-->  DAMAGE

RECV TERM SIG/DATE

CLAIMANT (Company Name)  
ADDRESS  
CITY & STATE ZIP  
PHONE NUMBER ( ) -  
FAX NUMBER ( ) -  
E-MAIL

CARRIER NAME  
NEMF CARGO CLAIMS  
TERMINAL ADDRESS  
212 BLACK HORSE LANE  
CITY & STATE ZIP  
NORTH BRUNSWICK, NJ 08902

PHONE (732) 940-7000 EXT 223  
FAX (732) 940-7214

CLAIMANT'S REFERENCE NUMBER

CARRIER FREIGHT BILL/PRO # B/L DATE

SHIPPER  
ADDRESS  
CITY & STATE ZIP

CONSIGNEE  
ADDRESS  
CITY & STATE ZIP

BE SURE TO ATTACH LETTER OF EXPLANATION IF THERE ARE SPECIAL CIRCUMSTANCES WE SHOULD KNOW ABOUT

\$ AMOUNT CLAIMED  
(CHECK ONE)  
 FULL VALUE  
 REPAIR  
 ALLOWANCE

**STATEMENT OF SHORTAGE OR DAMAGE**

NO. OF PCS	DESCRIPTION OF ARTICLES, INCLUDING MODEL NO., ETC		
TOTAL AMOUNT CLAIMED . . .		\$	

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

**SHORTAGE CLAIMS/ITEM 1 THRU 4**

1. Complete below Proof of Loss Statement.
2. Original vendor's invoice (proof of purchase cost) or photostatic copy showing all discounts (Please include entire invoice).
3. Legible copy of freight bill or original paid freight bill if available.
4. Original bill of lading or bond of indemnity in lieu thereof.

**DAMAGE CLAIMS/ITEM 2 THRU 7**

5. Carrier's inspection report, where copy has been provided.
6. Invoice for repair or reco-opering showing breakdown of labor by hour and rate of pay, if applicable.
7. Invoice for materials purchased to complete repair or recoopering, if applicable.

**PROOF OF LOST STATEMENT:** If non-delivery or shortage; this is to certify the claimed item(s)  
( ) have ( ) have not been received from any source.  
In the event it is received, the undersigned agrees to notify NEMF.

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 original freight bill are not submitted.

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

ABOVE MUST BE COMPLETED!

\_\_\_\_\_  
PRINT NAME