



VITRAN Claim Form

P.O. Box 1290
2850 Kramer Dr.
Gibsonia, PA 15044-1290
Attn: Freight Claims
Phone: 800-245-1244 #4
Fax: 724-449-0182
Email: ltl.usa.claims@vitran.com

Claimant Company

Name _____

Address _____

Your Co. Assigned Claim # _____

PRO # _____

Total claim in the amount of \$ _____ is hereby filed against the carrier for:

Shortage Damage

SHIPPER: _____

B/L #: _____

CONSIGNEE: _____

Date of pick up: _____

Briefly describe what the claim represents and show how the amount of the claim was calculated.

Please attach pictures for damage claims.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Claim Amount	\$ 0.00

If the claim involves damaged goods, please check one or more of the following:

- Damaged goods can be repaired for approximately \$ _____
- Damaged goods can be used "as is" for an allowance of \$ _____
- Damaged goods are available for carrier pickup
- Damaged goods are unavailable (please explain)

To avoid delay in processing your claim, please attach the appropriate documents:

- All associated invoices, including, but not limited to manufacturer's, wholesale, or original invoices to support the cost of the claim.
- Consignee's copy of freight bill bearing loss or damage notations.
- Itemized repair bill, if applicable.
- Original paid freight bill.

The absence of any document called for in connection with this claim must be explained.

When impossible for claimants to produce an original bill of lading or paid freight bill, a bond of indemnity must be given to protect the carrier against claim supported by original documents.

Print Company Name _____

Contact Name _____

Signature _____

Phone _____ **Fax** _____ **Email** _____