

CLAIM FORM
XPRESS GLOBAL SYSTEMS

SIMPLIFIED FORM FOR PRESENTATION OF LOSS OR DAMAGE CLAIM
Mail form to Xpress Global Systems, PO Box 24626, Chattanooga, TN 37422
fax 423-510-5933

SHIPPER: _____ **CONSIGNEE:** _____

BILL OF LADING NO: _____ **DATE:** _____

PURCHASE ORDER#: _____ **DATE:** _____

CARRIER PRO NO: _____ **DATE:** _____

THIS CLAIM IN THE AMOUNT OF \$ _____ IS FILED AGAINST XPRESS GLOBAL
FOR () LOST () DAMAGED () OTHER, TO THE FOLLOWING DESCRIBED SHIPMENT.

DETAILS OF CLAIM

NOTICE

NATIONAL MOTOR FREIGHT CLASSIFICATION #300120: UPON RECEIPT OF CLAIM ACKNOWLEDGEMENT
CARRIER WILL PAY/REFUSE PAYMENT, OR MAKE A FIRM COMPROMISE OFFER WITHIN 120 DAYS OF
RECEIPT OF CLAIM.

INDEMNITY AGREEMENT

The claimant, by signing below, agrees to protect the carrier and its connections
against any additional claim(s) presented under the described shipment. The
acceptance of payment acknowledges payment in full.

CLAIMANT'S SIGNATURE **TELEPHONE #** **DATE**

MAKE CHECK PAYABLE TO **SS# OR TAX ID#** **Claimant's reference #**

MAIL CHECK TO: _____

