



## Northern Logistics Freight Claim Form

### Claimant Company

### Claimant's Name

Company Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Fax: \_\_\_\_\_

### Claim Amount

### Claim For: (X Mark)

Value \$: \_\_\_\_\_

Shortage: \_\_\_\_\_

Carrier Pro #: \_\_\_\_\_

Damage: \_\_\_\_\_

Shipper Name: \_\_\_\_\_

Consignee Name: \_\_\_\_\_

Shipper City/State: \_\_\_\_\_

Consignee City/State: \_\_\_\_\_

P/U Date: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

**Description of damages: (Number and description of articles, nature and extent of loss, invoice price of articles, amount of claim, etc...)**

### **Additional Comments:**

To avoid delay in processing your claim, please attach the appropriate documents detailing the shipment information and how the claimed amount has been calculated:

- ✓ 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 notation (if you don't have this easily accessible, I can look it up)
- ✓ Pictures illustrating both the condition of the freight and the condition of the packaging, if applicable
- ✓ Itemized repair bill, if applicable
- ✓ Labor Hours / Sorting and Segregating Charges, if applicable

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date