

CLAIM FORM

CARGO LOSS & DAMAGE

CLAIMANT INFORMATION	
Company:	Contact Name:
Address:	Telephone:
	Fax:
Reference No:	Email:
SHIPMENT INFORMATION	
EDI Bill No:	Commodity:
Date of Shipment:	Quantity:
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Shipper:	City, State & Zip:
Consignee:	City, State & Zip:
CLAIM INFORMATION	
Damaged Qty:	Damaged items are able to be repaired for:
Shortage Qty:	Damaged items are able to be
Other: Qty:	Image: sold at a discount for:
NOTE: DAMAGED ITEMS MUST BE RETAINED UNTIL	for carrier pickup
THE CLAIM HAS BEEN BROUGHT TO A PROPER RESOLVE	Damaged items are unavailable (Explain below)
DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED (Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.) ALL DISCOUNTS AND ALLOWANCES MUST BE SHOWN	
	TOTAL CLAIM AMOUNT:
SUPPORTING DOCUMENTS	
Original Bill of Lading	Repair Invoice (If applicable)
Delivery Receipt	Inspection Report (If applicable)
Cost Invoice or Certified Copy	Price Quote Obtained
Shipment Packing Slip	Images / Other Documents to Support Claim
Mail, Fax, or Email EDI Express, Claims Department	CLAIM PREPARED BY
Completed Form to: 2303 W. 190 th Street	(The Foregoing Statement of Facts is Hereby Certified Correct)
Torrance, CA 90504	Name:
Fax: 424.433.5185	Signature:
Email: Claims@ediexpressinc.com	Date: