

MOTOR CARRIER CARGO SHORTAGE AND DAMAGE CLAIM FORM



Once this form has been filled, please save and email to claims@dls-ww.com

Information

Claim in the amount of \$ _____

Filed for (check one): Shortage Damage

Claimant's Claim No. _____

Date Filed: _____

Bill of Lading No. _____

Date: _____

Carrier Pro No. _____

Date: _____

Claim Payable To:

Name: _____

Address _____

City/State/Zip _____

Phone No. _____

Email _____

Shipper

Name: _____

Address _____

City/State/Zip _____

Country _____

Consignee

Name: _____

Address _____

City/State/Zip _____

Country _____

Claim must be supported by a detailed statement showing how the amount was determined. Include a complete description of lost items: size, color, markings, etc.

ARTICLES WERE: New Used WEIGHT OF LOST OR DAMANGED ARTICLE: _____

DESCRIPTION OF LOST ITEMS	PIECES	\$ AMOUNT CLAIMED
Freight Charge or prorated freight charge		
Total		

NOTE: Claim should be supported by the following documents. Failure to include sufficient documentation may delay conclusion of the claim

- Copy of freight bill
- Copy of Bill of Lading
- Complete vendor invoice or photocopy showing all discounts*
- Noted consignee copy of freight bill
- Inspection Report
- Original repair invoice or photocopy showing hours to repair, labor rate, and material cost*

* Without this document, your claim cannot be processed.