



Claims Department
 PO BOX 88947
 Seattle, WA 98138
 Ph# 866-737-0188 Fax# 503-737-0407

CARGO LOSS & DAMAGE CLAIM SUBMITTED BY

Claimant Name	Express Pro #	Cust Ref #	Date Prepared
Address			City, State, Zip
Contact Name			Contact Email
Remit Address (if different from above)			Contact Phone #
Shipper	Consignee		Claim Type:

DETAILS SHOWING HOW CLAIM AMOUNT IS DETERMINED

# Items	Description/Part #	Weight	Amount
			\$
			\$
			\$
			\$
			\$
		Freight Charges	\$

Use separate page if additional room is needed

TOTAL \$ _____

SUPPORTING DOCUMENTS (REQUIRED)

SHORTAGE:

- Copy of freight bill
- Original invoice or certified copy showing prices

DAMAGE:

- Copy of freight bill
- Carrier's inspection report (if completed)
- Original invoice or certified copy showing prices
- Repair bill or certified copy (if repaired) showing material used & labor rate per hour
- Additional documents (photos, statements, etc.)
- Waiver of Inspection form (if completed)

Note:

Claims **WILL NOT BE PROCESSED** until all required documentaion is received. You must retain all damaged goods until the claim is concluded. If you have questions regarding this form please contact the claims department at 866-737-0188.