 **SHIFT Freight Claims Team**

**13012 Molette Street**

**Santa Fe Springs, CA 90670**

OSND@shiftfreight.com

**CARGO LOSS & DAMAGE CLAIM SUBMITTED BY**

|  |  |  |
| --- | --- | --- |
| Claimant Name   | Claimant Claim No.    | Date Prepared    |
| Address   | SHIFT Pro Number    | Claim Type: \_\_\_\_Shortage \_\_\_\_Damage \_\_\_\_Other  |
| City, State, Zip    | Contact Name    | Phone Number (ext.)   |
| Remit Address (if different from above)    |  |    |

**CLAIM MADE WITH SHIFT FREIGHT ON FOLLOWING SHIPMENT**

|  |  |
| --- | --- |
| Consignee   | City, State & Zip    |
|  Shipper   | City, State & Zip   |

**DETAILS OF CLAIM TO SHOW HOW CLAIM AMOUNT IS DETERMINED**

|  |  |  |  |
| --- | --- | --- | --- |
| Item #  | Description/Part #  | Weight  | Amount  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| \*Use separate page if additional room needed  | Total  |   |

|  |  |
| --- | --- |
|   |   |
|  |  |
| **DOCUMENTS REQUIRED IN SUPPORT OF YOUR CLAIM**  |   |
|  SHORTAGE:  Copy of freight bill Original invoice or certified copy showing prices  |  DAMAGE:  Copy of freight bill Carrier's inspection report  |
|   | Original invoice or certified copy with prices  |
|   | Additional documents (photos, statements, etc.)  |

**NOTE:** To expedite the handling of your claim, please include the above mentioned documents. Your claim WILL NOT BE PROCESSED until properly supported. Retain all damaged goods until the claim is concluded. Do not fax pictures, please send separately with SHIFT Freight Pro Number. In the event of loss of and/or damage to any shipment, carrier’s liability will not exceed $5.00 per pound.