



# LOSS & DAMAGE CLAIM FORM



**Wilson Trucking Corporation**  
Cargo Claims

Phone: 540-949-3200  
Fax: 540-949-3292  
Email: [claims@wilsontrucking.com](mailto:claims@wilsontrucking.com)

## Claimant Information

Date \_\_\_\_\_ Your Claim Number \_\_\_\_\_  
(optional)

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

Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Claim is filed because of:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortage	Noted Damage	Concealed Damage

Phone Number \_\_\_\_\_

Email Address (Required) \_\_\_\_\_

**Freight bill number (Pro)** \_\_\_\_\_

**Date of freight bill** \_\_\_\_\_

### Shipper

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### Consignee

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## Detailed statement showing how claim amount was determined:

Number and description of articles, nature and extent of loss or damage (Discounts and allowances must be shown)

Invoice price of articles


<b>Total Amount Claimed:</b>	
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### Documents Required to Support Claim:

1. Original paid freight bill
2. Original purchase invoice or certified copy
3. Bill of lading

The foregoing statement of fact is hereby certified to be correct.

\_\_\_\_\_  
(Signature of Claimant)

### Optional:

- \* Itemized Repair estimate (if claim is filed for repair)

**Wilson Trucking Corporation will make every effort to conclude your claim promptly and fairly.**

Failure to provide the required documents may delay or close your claim

Retain packing and cargo until the close of the investigation

Freight charges must be paid prior to settlement