Clear Lane Freight Systems

# STANDARD CLAIM FORM FOR LOSS OR DAMAGE

**Date:** **Claim is for Loss** ☐ **Damage** ☐ **Other** ☐ **Claim Amount: $**

**Shipper:** **Consignee:**

**Address:** **Address:**

**City** **State:** **Zip** **City** **State:** **Zip**

**Claimants Ref #:** **BOL#**

**Carriers Pro No:** **Pick up Date:** **Del. Date:**

**Weight of Claimed Goods:**

**Remit To:** **Address:**

**City** **State:** **Zip**

**Phone #** **Fax#** **E Mail Address:**

**DETAILED STATEMENT SHOWING HOW THE AMOUNT CLAIMED FOR IS DETERMINED**

| QTY | DESCRIPTION | UNIT VALUE | AMT CLAIMED |
|---|---|---|---|
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |

***Claim can be filed by mail, fax or emailed to: claims@clearlanefreight.com***

***Please include with your claim presentation:***

1. ***a copy of shippers invoice to destination***
2. ***bill of lading***
3. ***copy of final delivery receipt***
4. ***pictures and any further documentation you want in order to complete our investigation.***

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