

GUIDE TO FILE Loss and/or Damage Claim

The terms under which property is received and transported by a carrier are stated on that carrier's Bill of Lading (BOL), schedules, tariffs and classifications issued, or subscribed. Please review the terms and conditions under which the property was accepted and transported.

Carriers and their agents are bound by the provisions of the law, and any deviation therefrom by the payment and claims before the facts and measure of legal liability are established will render them, as well as the claimant, liable to fines and penalties by law.

In order for R+L Carriers to have the opportunity to inspect goods and verify claims, any loss and/or damage discovered after delivery should be immediately reported to the delivery agent, or within five days of consignee receipt of goods.

It is common practice for manufacturers and wholesalers to ship large quantities to key warehouse points. If the original container remains sealed then foregoing inspection of contents, it is impossible to determine when loss and/or damage occurred. Consignees can sometimes expedite settlement by securing the cooperation of the initial shipper and warehouse in supplying necessary billing reference so that shipment can be identified in handling with carriers rendering transportation to the distribution point.

STANDARD FORM FILING for Loss and/or Damage Claim

We process each Freight Claim in accordance with the regulations outlined by the National Motor Freight Classifications (NMFC) Principles and Practices for the Investigation and Disposition of Freight Claims, Items 300100 – 300155.

REQUIRED DOCUMENTS to support Loss and/or Damage Claim

- Standard Form for Presentation of Loss and/or Damage Claim
- Freight Bill and/or Bill of Lading (BOL)
- Merchandise Invoice describing trade, discounts, allowances, or deductions
- If freight can be salvaged, include repair invoice, or estimate(s)

INSTRUCTIONS when submitting Loss and/or Damage Claim

- A Claimant name and phone number.
- B Dollar amount and type of loss and/or damage.
- Shipper name, origination point, carrier responsible for issuing bill of lading, and date.
- Consignee name, delivery point, delivering carrier, and date of delivery.
- E R+L CARRIERS' Freight Bill, or Pro Number located on Bill of Lading.
- P Details of loss and/or damage.
- Total weight being claimed and the amount less applicable discounts.
- H Claimant name, signature and date.
- Claimant E-mail address and mailing address.

ALL DAMAGED PRODUCT AND ITS PACKAGING MUST BE KEPT UNTIL CLAIM IS SETTLED



STANDARD LOSS and / or Damage Claim

A Claimant Name:	
Claimant Phone Number:	Claimants Claim Number: (Optional)
This claim for \$ is	made against your company for:
shortage visible damage co	oncealed damage loss other (explain)
Shipper Name	Consignee Name
Shipper Name	Consignee Name
Shipped From (City, State, Zip)	Final Destination (City, State, Zip)
Name of Carrier Issuing Bill of Lading	Name of Delivering Carrier
Date of Bill of Lading	Date of Delivery
	Delivering Carrier's Freight Bill Number
	Delivering currier 3 Treight Bill Number
Loss and / or Damage Cla	im DETAILS
	cure, and extent of loss and / or damage. All discounts and allowances must be shown.
F	New Used
	New Used
	New Used
	New Used
Total Weight Being Claimed	
The following documents are submitted	In support of this claim: Other particulars obtainable in proof of loss or damage claimed
Original Bill of Lading Original invoice	Original Freight Bill, or other carrier document notating of loss or damage
	r in connection with this claim must be explained. When impossible for claimants reight bill, a bond of indemnity must be given to protect carrier against duplicate claim.
INDEMNITY AGREEMENT	
	Bill and/or Original Bill of Lading, we agree to hold the above named carrier to whom participating carrier harmless and indemnified against any and all lawful claims
which may be made against it or them	arising out of the same shipment and will pay to the said carrier and any partici-
	costs, counsel fees or any other expenses which they or any of them may suffer or , herein described, without the surrender of the Original Freight Bill or Bill of
Lading, as such was not provided and/ CERTIFIED AS CORRECT.	or cannot be located. THE FOREGOING STATEMENT OF FACTS IS HEREBY
JERTH IED AG GORREGT.	
H	
Date	Claimant E-mail
Claimant Name	Claimant Address
Claimant Signature	City, State, Zip

E-MAIL, **FAX OR MAIL** Return completed form and Proof of Value documentation to: