## CLAIM FORM XPRESS GLOBAL SYSTEMS

SIMPLIFIED FORM FOR PRESENTATION OF LOSS OR DAMAGE CLAIM Mail form to Xpress Global Systems, PO Box 24628, Chattanooga, TN 37422 fax 423-602-2258 email wfine@xgsi.com

SHIPPER:	CONSIGNEE:	
BILL OF LADING NO:	DATE:	
PURCHASE ORDER#:	DATE:	
CARRIER PRO NO:	DATE:	
THIS CLAIM IN THE AMOUNT OF FOR ( ) LOST ( ) DAMAGED (	\$ IS FILED AG ) OTHER, TO THE FOLLOWING DESCH	AINST XPRESS GLOBAL RIBED SHIPMENT.
	DETAILS OF CLAIM	
	NOTICE	
CARRIER WILL PAY/REFUSE PAYMEN RECEIPT OF CLAIM.	NOTICE TCATION #300120: UPON RECEIPT OF C IT, OR MAKE A FIRM COMPROMISE OFFE PAID BEFORE CLAIM WILL BE PROC	R WITHIN 120 DAYS OF
	INDEMNITY AGREEMENT	
	w, agrees to protect the carrier and its conne s) presented under the described shipment. T owledges payment in full.	
CLAIMANT'S SIGNATURE	TELEPHONE #	DATE
EMAIL ADDRESS		FAX NUMBER
	SS# OR TAX ID #	Claimant's reference #
MAKE CHECK TO: ADDRESS:		_
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