

FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

*** All Damages MUST be notated on POD in order to proceed with filing a claim***



EMAIL TO:
claims@redriverlogistics.com

Claim form & supporting documentation must be submitted within five (5) calendar days from delivery for processing.

CLAIMANT'S REFERENCE NUMBER: _____

DATE PRESENTED: _____

This claim is made against the carrier for, Entire Loss () Damage () Shortage () to the following described shipment:

Freight Bill #: _____ Ship Date: _____ Routed VIA: _____

Shipper: _____ Origin: _____
City State

Consignee: _____ Destination: _____
City State

Description of Shipment: _____

Salvage Returned to Carrier? Yes _____ No _____ Weight of Claimed Article(s) _____

DETAILED STATEMENT SHOWING HOW CLAIM AMOUNT IS DETERMINED (Quantity & description of articles, weight of articles, nature & extent of loss or damage, invoice price of articles, amount of claim, etc.) ALL DISCOUNTS and ALLOWANCES MUST BE SHOWN	
Total Amount Claimed	

To enable us to promptly process this claim, the following documents **SHOULD** be submitted:

- _____ 1.) Proof of Delivery (damanges must be notated on POD upon delivery)
- _____ 2.) Original Commercial Invoice (must list cost of claimed product)
- _____ 3.) Copy of Bill of Lading
- _____ 4.) Any other supporting documentation for proof of loss or damage claim (ie: photos, statements, etc.)

Remarks: _____

The foregoing statement of facts is hereby certified as correct.

(Claimant's Name - Print) (Claimant's Name - Sign)

(Claimant's email address/phone number)