



Shipco Transport, Inc. Presentation of Loss and/or Damage

Date: _____

To:
Shipco Transport, Inc.
Domestic Division
699 Kapkowski Road
Elizabeth, NJ 07201

Claimant Company: _____

Claimant Address: _____

Phone: _____ FAX: _____

Amount of Claim:

Bill of Lading Number:

Ship Date:

(IMPORTANT: UNABLE TO PROCESS WITHOUT ALL INFORMATION COMPLETED)

- Claim filed for: Visual Damage (Noted on Freight Bill)
- Shortage (Noted on Freight Bill)
- Concealed Damage (Discovered after Delivery)
- Concealed Loss (Discovered after Delivery)

Detailed statement substantiating amount of claim:

Send this claim form, along with the following to the fax or e-mail above:

- Photos of damaged merchandise (if possible)
- Copy of original bill of sale
- Copy of repair invoice or replacement invoice for damaged item
- Signed delivery receipt indicating damages/loss (if possible)
- Inspection report, if applicable

Damaged goods, along with packaging, must be retained until the claim is resolved, or until the claimant is given disposition by the carrier. Early filing enhances our ability to process quickly. The majority of claims are concluded within ninety (90) calendar days. All claims will be acknowledged within thirty (30) days of receipt of the claim form. All freight charges must be paid before a claim will be concluded.

***Important Note: Notice of Concealed loss or damage must be provided to the motor carrier within five (5) business days from the date of delivery**

Filed By: _____

Date: _____

Print Name: _____

Phone: _____