

CARGO LOSS & DAMAGE CLAIM FORM

EMAIL CLAIMS TO:

KLOGEREE@THEAGLGROUP.COM

For updates, or to check the status of your claim, please also use this address.



SHIPMENT INFORMATION

*PRO #:	*BOL #:
SHIPPER NAME:	CONSIGNEE NAME:
SHIPPER ADDRESS:	CONSIGNEE ADDRESS:
PICKUP DATE:	DELIVERY DATE:

CLAIMANT INFORMATION

CLAIMANT:	DATE FILED:	CLAIM FILED BY:
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT NAME:	EMAIL:	PHONE:
IF CLAIMANT IS 3 RD PARTY, CLAIMANT IS REPRESENTING:		

TYPE OF CLAIM (CHECK ONE)

<input type="checkbox"/> COMPLETE SHORTAGE	<input type="checkbox"/> NOTED DAMAGE	<input type="checkbox"/> DAMAGE & SHORTAGE	<input type="checkbox"/> PARTIAL SHORTAGE	<input type="checkbox"/> CONCEALED DAMAGE	<input type="checkbox"/> OTHER
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DETAILED DESCRIPTION OF MATERIAL BEING CLAIMED

# OF PIECES	DESCRIPTION OF MATERIAL	NEW OR USED?	TOTAL WEIGHT AFFECTED	UNIT COST PER PIECE	AMOUNT OF CLAIM

CHECKLIST OF REQUIRED DOCUMENTS:

In order to ensure that your claim is accepted, please provide the following required documents. Claims submitted without proper support are subject to denial.

[* indicates a required document]

PHOTOS OF DAMAGES*	CUSTOMER INVOICE*	IF SHIPMENT IS A TOTAL LOSS, BRIEF WRITTEN DESCRIPTION AS TO WHY IT CANNOT BE SALVAGED, REPAIRED, OR SOLD AT A DISCOUNT *
DELIVERY RECEIPT* (ALLY WILL PROVIDE)	TENDERED BOL* (ALLY WILL PROVIDE)	ANY OTHER PROOF OF VALUE

IMPORTANT NOTE: IT IS REQUIRED THAT THE CLAIMANT KEEPS THE DAMAGED FREIGHT IN THEIR POSSESSION UNTIL THE CLAIM HAS BEEN FULLY RESOLVED. IF THE FREIGHT IS THROWN AWAY DURING THE CLAIM PROCESS THE CLAIM MAY BE DECLINED.

ALL LTL CARRIERS RESERVE THE RIGHT TO COME INSPECT THE DAMAGED FREIGHT, OR COLLECT THE DAMAGED FREIGHT IF IT IS CLAIMED AS A TOTAL LOSS.

CLAIMANT SIGNATURE:		DATE:	
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