

Formal Notification and Presentation of Claim for Loss or Damages

Date:	
UGL Claim #:	

Please direct correspondence to:

Contact Name: David Morhaus

Phone: 800.374.9636

david morhaus@unigrouplogistics.com
Fax: 636.305.6350

Please include your **Purchase Invoice** for the damaged item(s) and your **Bill of Lading** (if applicable)

Your claim cannot be processed without above documentation.

Correspondence Information:	Clai	mant Information:
Customer:	Property or Site name:	
Customer Contact:		
Address:		
	<u></u>	
City:	City:	
State: ZIP:		ZIP:
Phone:		
Fax:		
Customer Ref #:		
E-mail:		
Federal Tax ID #:		
Shipment Information Necessary to Process:		
•		
Carrier Name:		
Date Linehaul Delivered:	PO #:	
Were exceptions noted on carrier's delivery receipt? Yes	No Unknown	
Is freight repairable? Yes	No Unknown	
UGL Use:	u Courier	
Who loaded shipment?Shipper	r Carrier	
Indicate number of items and describe specific dam	nage below	Amount of Claim:
Location of Freight:	Contact:	
	Phone:	
Claimant Signature:		(Required to process claim)