Please direct correspondence to:       Please include your         Contact Name: im Hollingsworth       Purchase Invoice for the damaged item(s) and your Bill of Lading (if applicable)         Sile of Lading (if applicable)       Your claim cannot be processed without above documentation.         Correspondence Information:       Claimant Information:         Customer:       Claimant Information:         Customer:       Claimant Information:         Customer:       Customer Contact:         Address:       ZIP:         Phone:       ZIP:         Phone:       Claimant Information:         Customer Ref :       Customer Contact:         Email:       ZIP:         Phone:       Phone:         Email:       ZIP:         Phone:       Referal Tax ID #:         Email:       Phone:         Date Lineholu Delivered: <t< th=""><th>UniGroup Logistics</th><th>Formal Notification Presentation of C for Loss or Damag</th><th>Claim</th><th>Date:</th></t<>	UniGroup Logistics	Formal Notification Presentation of C for Loss or Damag	Claim	Date:	
Customer       Customer Contact:         Address:	Contact Name: Jim Hollingswoo Phone: 636-305	rth -4395	E You	<ul> <li>chase Invoice for the damaged item(s) and your</li> <li>Sill of Lading (if applicable)</li> <li>r claim cannot be processed</li> </ul>	
Customer       Customer Contact:         Address:	Correspondence Info	ormation:	Clain	nant Information:	
Customer Contact:	-				
Address:					
State:      ZIP:      State:      ZIP:         Phone:        Phone:	Address:		Address:		
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State:      ZIP:      State:      ZIP:         Phone:        Phone:			-		
Phone: Phone:   Fax: Fax:   Customer Ref #: Customer Ref #:   E-mail: E-mail:   Federal Tax ID #: Federal Tax ID #:     Shipment Information Necessary to Process:   Carrier Name: Pro #:  < Pro #:	City:		City:		
Fax:	State:	ZIP:	State:	ZIP:	
Fax:	Phone:		Phone:		
Customer Ref #:					
E-mail: E-mail:   Federal Tax ID #: Federal Tax ID #:   Shipment Information Necessary to Process:   Carrier Name: Pro #:   Date Linehaul Delivered: Po #:   Date Linehaul Delivered: Po #:   Mere exceptions note on carrier's delivery receipt? Yes   No Unknown   Is freight repairable? Yes   Who loaded shipment? Shipper   Carrier Amount of Claim:   Location of Freight:   Contact:					
Federal Tax ID #:					
Shipment Information Necessary to Process:         Carrier Name:       Pro #:         Date Linehaul Delivered:       PO #:         Date Linehaul Delivered:       PO #:         Were exceptions noted on carrier's delivery receipt?       Yes         No       Unknown         Is freight repairable?       Yes         Who loaded shipment?       Shipper         Carrier       Amount of Claim:         Indicate number of items and describe specific damage below       Amount of Claim:         Location of Freight:       Contact:         Phone:       Phone:					
Carrier Name: Pro #:   Date Linehaul Delivered: PO #:   Were exceptions noted on carrier's delivery receipt? Yes   No Unknown   Is freight repairable? Yes   Who loaded shipment? Shipper   Carrier Amount of Claim:   Location of Freight:   Contact: Phone:		re			
Date Linehaul Delivered: PO #:   Were exceptions noted on carrier's delivery receipt? Yes   No Unknown   Is freight repairable? Yes   Who loaded shipment? Shipper   Carrier Amount of Claim:   Location of Freight:   Contact:   Phone:			#:		
Were exceptions noted on carrier's delivery receipt? Yes No Unknown   Is freight repairable? Yes No Unknown     UGL Use: Who loaded shipment? Shipper Carrier     Indicate number of items and describe specific damage below Amount of Claim:   Location of Freight:   Contact: Phone:			<i>#</i> .		
Is freight repairable? Yes No Unknown     UGL Use: Who loaded shipment? Carrier   Indicate number of items and describe specific damage below   Amount of Claim:   Location of Freight:   Contact:   Phone:					
UGL Use: Who loaded shipment?       Shipper       Carrier         Indicate number of items and describe specific damage below       Amount of Claim:         Location of Freight:       Contact: Phone:					
Who loaded shipment?       Shipper       Carrier         Indicate number of items and describe specific damage below       Amount of Claim:         Location of Freight:       Contact:         Phone:       Phone:		epairable? Yes No	Unknown		
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	Claimant Signature:			(Required to process claim)	