Clear Lane Freight Systems

STANDARD CLAIM FORM FOR LOSS OR DAMAGE

Date: **Claim is for Loss** ☐ **Damage** ☐ **Other** ☐ **Claim Amount: $**

Shipper: **Consignee:**

Address: **Address:**

City **State:** **Zip** **City** **State:** **Zip**

Claimants Ref #: **BOL#**

Carriers Pro No: **Pick up Date:** **Del. Date:**

Weight of Claimed Goods:

Remit To: **Address:**

City **State:** **Zip**

Phone # **Fax#** **E Mail Address:**

DETAILED STATEMENT SHOWING HOW THE AMOUNT CLAIMED FOR IS DETERMINED

QTY	DESCRIPTION	UNIT VALUE	AMT CLAIMED
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$

Claim can be filed by mail, fax or emailed to: claims@clearlanefreight.com

Please include with your claim presentation:

1. ***a copy of shippers invoice to destination***
2. ***bill of lading***
3. ***copy of final delivery receipt***
4. ***pictures and any further documentation you want in order to complete our investigation.***

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