

Team Driver Transport

Loss/Damaged Freight Claim Form

To:

Team Driver Transport
dr.edwardsaldivar@gmail.com
714-865-2600

Date: _____

The claim for \$ _____ is made against Team Driver Transport for:

Shortage

Concealed Damage

Visible Damage

Other _____

Shipper: _____

Consignee: _____

Date of Bill of Lading: _____

Date of Delivery: _____

Ref. or Job Number: _____

of Pieces Claimed: _____

Detailed Statement Showing How Claim Amount Is Determined

(number, description of articles, nature and extent of loss/damage, invoice price of articles, amount of claim, etc.
All Discounts and Allowances must be shown.

	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Amount Claimed	\$

The following documents are submitted in support of this claim (if applicable):

Original Bill of Lading

Detailed Claim Statement

Original Paid Freight Bill of other carrier document bearing notation of loss/damage.

Other Particulars Obtainable in Proof of Loss/Damaged Claimed.

Original Invoice or Certified Copy

Other, Please Specify: _____

Claimants Name: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Phone# _____

Signature: _____

Please email this form including any other documents that support your claim to dr.edwardsaldivar@gmail.com
Any other questions please contact our main office at 714-865-2600

NOTICE: You have 30 days from the date of delivery to file a claim. Any claims received after the 30 day period will be considered closed. Team Driver Transport will acknowledge a claim within 10 days of receipt in writing. After which, please allow no more than 30 days from the claim date for processing.