



CARGO LOSS & DAMAGE CLAIM

Date: _____ Preparer's Name: _____ Your Reference # (optional) _____	Mail To: ASSURE SHIPPING LLC 9462 Stevens Ave. so. Bloomington, MN 55420
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These Items Must Be Completed Or Your Claim Will Be Returned	
Claim Amount \$ _____	PRO No. and Pickup Date (If unknown, attach a copy of the Bill Of Lading) PRO No. _____ P/U Date _____

Claimant's CORRESPONDENCE Address (MAILING Address):		
Claimant's Name (Please Print)		
Address		
City _____	State _____	Zip _____
Phone # _____	Fax # _____	

Make Check Payable To (REMIT TO): (Complete <u>ONLY</u> if different from Correspondence)		
Claimant's Name (Please Print)		
Address		
City _____	State _____	Zip _____
Phone # _____	Fax # _____	

Shipper	Consignee
Shipper City/State/Zip _____	Consignee City/State/Zip _____

<input type="checkbox"/> Shortage	<input type="checkbox"/> Damage	<input type="checkbox"/> Other (specify) _____
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Briefly Describe What The Claim Represents And How The Claim Amount Was Calculated.

If the claim involves damaged goods, please check one or more of the following:	Please attach copies of:
<input type="checkbox"/> Damaged goods can be repaired for approximately \$ _____	<input type="checkbox"/> Vendor's original invoice for the original shipment showing the price of lost or damaged goods (including the final page.)
<input type="checkbox"/> Damaged goods can be used "as is" for an allowance of \$ _____	<input type="checkbox"/> Consignee's copy of the freight bill bearing loss or damage notations.
<input type="checkbox"/> Damaged goods are available for carrier pickup.	<input type="checkbox"/> If applicable, please attach itemized repair bill.
<input type="checkbox"/> Damaged goods are unavailable (please explain): _____	<input type="checkbox"/> If applicable, please attach Inspection Report.
	<input type="checkbox"/> A chargeback or debit memo is required on shortage claims.
	<input type="checkbox"/> The weight of the goods being claimed.
	<input type="checkbox"/> Is item New or Used?