



LOSS AND DAMAGE CLAIM

To: Transport Express LLC, 3275 Mike Collins Drive, Eagan, MN 55121

* Denotes Required Field

Date	Claimant's Claim Number	Carrier's Number
The claim in the amount of \$ _____ is made against your company for <input type="radio"/> Damage <input type="radio"/> Loss in connection with the following described shipment		
Shipper's Name*		Consignee's Name*
Post Shipped From*		Final Destination*
Name of Carrier Issuing Bill of Lading		Name of Delivering Carrier
Date of Bill of Lading		Date of Delivery
Routing of Shipment		Delivering Carrier's Freight Bill Number
If shipment re-consigned en-route, state particulars:		
If moved from warehouse or distribution point, indicate name of initial shipper and point of origin. If known, name of prior carrier, carriers or billing reference:		

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc. All discount and allowances must be shown. If additional line items are needed, please download our Additional Detailed Statement Items form here.

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
NMFC Item Number of commodity lost or damaged:	Total Amount Claimed: \$

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM

<input type="checkbox"/> Original Bill of Lading	<input type="checkbox"/> Shipper's concealed loss or damage form
<input type="checkbox"/> Original paid freight bill or other carrier document bearing notion of loss or damage if not shown on freight bill	<input type="checkbox"/> Full breakdown of how Total Amount Claim as state above
<input type="checkbox"/> Carrier's Inspection Report Form (concealed loss or damage)	<input type="checkbox"/> Other particulars pertinent in proof of loss or damage claimed:
<input type="checkbox"/> Consignee concealed loss or damage form	
<input type="checkbox"/> Original Invoice or certified copy of damaged items	

Note: The absence of any document called for in connection with this claim must be explained. When impossible for claimant to produce original Bill of Lading or paid freight bill, a bond of indemnity must be given to protect carrier against duplicate claim supported by original document.

*The foregoing statement of facts is hereby certified as correct.

Remarks:				
Claimant's Name*	Company*	Phone #*	Email Address*	
Address		City	State	Zip

