CARGO LOSS & DAMAGE CLAIM



SEND OR FAX CLAIM TO:		— CLAIM FILEI	DBY DATE:	
CENTRAL TRANSPORT® ATTN: CLAIMS DEPARTMENT		CLAIMANT:		
12225 STEPHENS ROAD WARREN, MI 48089 FAX: (586) 467-0103		ADDRESS:		
	I	CITY:	ST:	ST: POSTAL CODE:
TYPE OF CLAIM (CHECK ONE)		CONTACT PERSON:		PHONE #
Complete Shortage Partial Shortage Noted Damage Other, Explain		FAX#:	EMAIL:	
		CLAIMANT'S REFERENCE NUMBER:		
Damage and Shortage				

SHIPMENT FOR WHICH CLAIM IS BEING FILED

SHIPPER'S NAME		CONSIGNEE'S NAME	
ORIGIN		DESTINATION	
BILL OF LADING NO.	B/L DATE:	DATE OF DELIVERY	
		PRO #	

DETAILED DESCRIPTION OF MATERIAL BEING CLAIMED

NUMBER OF PIECES	DESCRIPTION OF MATERIAL	UNIT COST	AMOUNT OF CLAIM
		TOTAL	

Please refer to our **CTII 100 RulesTariff** for any limitation of liability. Certain commodities in the NMFC may also carry reduced liability limits. All claims must be filed within 9 months unless further restrictions apply.

FOR PROMPT SERVICE, PLEASE PROVIDE THE NECESSARY DOCUMENTATION:

EVIDENCE OF PAID FREIGHT CHARGES:

All freight charges associated with the shipment in question

must be paid prior to any claim filing.

VERIFICATION OF COST:

Claimant's

SHIPPER: Documentation of original cost CONSIGNEE: Copy of invoice for shipment

INSPECTION:

Damage Claims over \$500 require joint inspection. A copy of the inspection must be presented with claim presentation. Your local Central Transport terminal can be contacted for inspection arrangements.

PROOF OF LOSS:

IF DELIVERED: Copy of Delivery Receipt IF NOT DELIVERED: Copy of Bill of Lading

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		-DEPA	RTMENT USE ONLY-
1)	4)	7)	
2)	5)	8)	
3)	6)	9)	

Claim status may be obtained at <u>www.centraltransportint.com</u> and should be available 30 days from file date.