



Claim Form

To: **Cargo Claim Department**
Southeastern Freight Lines, Inc.
P. O. Box 1691
Columbia, SC 29202

Today's Date	
SEFL Freight Bill Number	<i>Required</i>
Freight Bill Date	<i>Required</i>
Your Reference Number	<i>Optional</i>
Claim Amount \$	<i>Required</i>

Please check one:

<input type="checkbox"/>	Visual damage (noted on delivery receipt)	<input type="checkbox"/>	Shortage (noted on delivery receipt)
<input type="checkbox"/>	Concealed damage (discovered after delivery)	<input type="checkbox"/>	Concealed shortage (discovered after delivery)

Detailed statement showing how claim amount is determined:

(e.g., number and description of articles, nature and extent of loss or damage, invoice price of articles, etc.)

	\$
	\$
	\$
	\$
	\$
<i>Total claim amount</i>	\$

Salvage: *All claim freight, including parts, must be retained for carrier disposition or your claim may be declined.*

Salvage Freight is available at (address):		
Contact		Phone

Please include this information to avoid delay in settling your claim.

Claim Requirements: ***Claims cannot be entered or processed without this information.***

- ✓ Valid **SEFL freight bill number** or bill of lading with SEFL associate signature
- ✓ Claim amount with copy of **original invoice** to validate claim amount
- ✓ Detailed **repair invoice** if claim is for repairs
- ✓ Claimant's **signature** and typed or legibly-written **contact information**

For questions, please call 803-794-7300, ext 2403.

Company	Signature of Claimant
Mailing Address	
City/State/Zip	
Phone	Print name of contact person
Fax	
E-Mail	

Mail claim form to above address or FAX to 803-739-1540 or e-mail to cargoclaims@sefl.com.
 Every effort will be made to process your claim within 30 days of receipt.