

To : CLAIMS DEPT

Copies of claim forms follow.

Please fill out the form as completely as possible.



Documents needed in support of claim:

- 1. Copies of any other documents that are in support of your claim.
- 2. Copy of inspection (Only if an inspection was performed on the shipment)
- 3. Copy of all invoices which verify your cost of repair or replacement.
- 4. Copy of all original invoice pertaining to shipment.

TREND TRANSPORT

Date: Reference Number: Carrier's PRO Number:

Account Number:

CLAIM FOR:

This Claim for \$ is made against your company for Damage Shortage

In connection with the following described statements:

SALVAGE LOCATIONS:

Contact Name: Address:

City: State: Zip Code:

Phone: Country:

DETAILED STATEMENTS:

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

Description	Class	Weight lbs	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NMFC Item No. of commodity lost or damaged:

Total Amt. Claimed:

ADDITIONAL SHIPMENT INFORMATION (OPTIONAL):

- Original invoice or cetified copy
- Other particulars obtainable in proof of loss or damage claimed:

INDEMNITY AGREEMENT

In the absence of the Original Freight Bill and/or Original Bill of Landing, We agree to hold the above named carrier to whom this claim is presented and any other participating carrier, harmless and indemnified against any and all lawful claims which may ne made against it or those arising out of the same shipment and will pay to said carrier and any participating carrier(s), all losses, damages, costs, council fees or any other expenses which they or any of them may suffer or pay by reason of payment of our claim, herein described, without the surrender Original Freight Bill or Bill of landing, as such was not provided and /or cannot be located.

The foregoing statements of facts is hereby certified as correct.

Date: Claimant's Name: Signature:

Company Name: Address:

City: State: Zip:

Phone # : Country:

Email: