

# FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

**MAIL THIS ORIGINAL CLAIM FORM WITH THE SUPPORTING DOCUMENTS - DO NOT FAX**  
 Keep a copy for your records. Read the instructions on the next page before completing this form

To: Dependable Highway Express  
 Freight Claims Department  
 2555 E. Olympic Blvd.  
 Los Angeles, CA 90023

Date Mailed: \_\_\_\_\_ **1**

Claimant's Ref: \_\_\_\_\_ **2**

**3** This Claim is for \$ \_\_\_\_\_ is made against your company for  Damage  Loss in connection with the following shipment:

<b>4</b> This Shipment was shipped from:	<b>5</b> This shipment was shipped to:
Shipper's Name: _____	Consignee's Name _____
Address: _____	Address: _____
Address: _____	Address: _____
City, State, Zip _____	City, State, Zip _____
Contact Name and Phone _____	Contact Name and Phone _____

**6** **DETAILED STATEMENT SHOWING HOW CLAIMED AMOUNT IS DETERMINED**  
 (Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc. ALL DISCOUNTS MUST BE SHOWN)

Total Amount Claimed	

- 7** The following documents are submitted in support of this claim
- Copy of the original bill of lading
  - Copy of the PAID freight bill
  - Copy of the proof of delivery (Delivery Memo)
  - Copy of the original invoice

**8** This claim is being filed by:

Company Name (Print) \_\_\_\_\_

Name of Person Submitting Claim (Print) \_\_\_\_\_

Street Address (Print) \_\_\_\_\_

City, State, Zip (Print) \_\_\_\_\_

Phone, FAX, E-Mail \_\_\_\_\_

**FOR OFFICE USE ONLY**

LIR#:  
 Pro#  
 IL Pro#  
 Shp Dte  
 LTL/OSD

# INSTRUCTIONS FOR COMPLETING CLAIM FORM

## **Special Notice:**

**Your claim form may already have some of the information completed to assist you in filing your claim. Please review this information and make corrections as necessary before mailing your claim.**

**Complete the information requested below to the best of your ability. Please remember that claims which are not correct or complete will take longer to process.**

**Mail your claim to the address below:**

**Dependable Highway Express  
Freight Claims Department  
2555 E. Olympic Blvd.  
Los Angeles, CA 90023**

**You will receive a claims acknowledgement referencing your claim number and our claim number within 30 days. Most claims are resolved within 90 days of receipt.**

**If you have any questions please call the claims department at 323-526-2222 and ask for freight claims.**

**The numbers below correspond to those on the claim form.**

- 1** The date you prepared and mailed your claim.
- 2** A reference number assigned by your company. Many companies use the original customer invoice number.
- 3** Indicate the amount of the claim, and if it was a result of loss or damage.
- 4** The information on where the shipment originated.
- 5** The information on where the shipment was to be delivered.
- 6** Details on how the claim was calculated.
- 7** The documents included to support the claim. All the listed items are required for most claims.
- 8** The information on who is filing the claim.

**All Claims should be mailed to the above address. Do not not fax.**

**Claims which are not complete, or not mailed to the correct address above may result in a substantial delay in investigation and payment.**