



**WILSON**  
TRUCKING CORP.

**WILSON TRUCKING CORPORATION**

P.O. BOX 200  
FISHERSVILLE, VIRGINIA 22939-0200  
540-949-3200  
FAX 540-949-3292

Date \_\_\_\_\_

Claimant \_\_\_\_\_

Attn: \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
(Claimant's Claim Number)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State, Zip)

Amount of Claim \$ \_\_\_\_\_

\_\_\_\_\_  
(Wilson Claim Number)

Claim is filed because of

(Loss)

or

(Damage)

**DESCRIPTION OF SHIPMENT**

Freight Bill Number \_\_\_\_\_

Date of Freight Bill \_\_\_\_\_

Name and Address of Shipper \_\_\_\_\_  
\_\_\_\_\_

Name of Consignee \_\_\_\_\_

Date of Bill of Lading \_\_\_\_\_

Explain in detail how this claim was determined. The carrier is entitled to receive all of the discounts that were received by the consignee.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL AMOUNT CLAIMED \$ \_\_\_\_\_

Before we can start the investigation of your claim it will be absolutely necessary that all of the documents listed below be submitted with this statement. Failure to submit these papers means additional delay in the investigation as it will be necessary to write you for them.

**DOCUMENTS NECESSARY TO SUPPORT CLAIM**

- 1. ORIGINAL PAID FREIGHT BILL.
- 2. ORIGINAL INVOICE OR CERTIFIED COPY
- 3. BILL OF LADING

I hereby certify that all of the above statements are true to the best of my knowledge.

\_\_\_\_\_  
Signature of Claimant