

# Loss/Damage Claim Form

Company Claim No. \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Move: \_\_\_\_\_ Date Claim Filed: \_\_\_\_\_

Shipment From:	
Customer's Name:	
Street Address:	
City/State/Zip Code:	
Warehouse loaded from:	
Shipment To:	
Customer's Name:	
Street Address:	
City/State/Zip Code:	
Warehouse loaded into:	

Inventory No.	Article	Description of Loss or Damage	Date Acquired	Original Cost	Weight	Amount Claimed

If your claim is for loss or damage to items packed in cartons or containers, please complete the following questions:

Who packed:
Who unpacked:
Date unpacked:
Was package damaged?      If yes, describe damage:
Date damage discovered?
Who discovered damage?

I certify that the item(s) listed above as lost have not been received and attest that all statements made relating to loss and damage are true and correct.

Signature of person making claim: \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_