Freight Claim

freightlead®

ALL CLAIMS MUST BE FILED WITHIN 1 MONTHS OF DATE OF DELIVERY. WE ACT SOLELY AS YOUR INTERMEDIARY BROKER IN FACILITATING CLAIM WITH THE RESPONSIBLE CARRIER. YOU MUST RETAIN ALL SALVAGE ON DAMAGE CLAIMS UNTIL DISPOSITION OF THE CLAIM IS KNOWN.

- Claimant:
- Address:
- Date of Claim
- Your Reference No:
- E-mail Address:

- Claim Amount:
- Claim For: ☐ Shortage ☐ Damage ☐ Other
- Estimated Weight of The Goods Claimed:
- If Other Please Specify:
- Shipper
- Address:
- Consignee:
- Address:

- Bill Of Lading #
- Carrier:
- Pro Number:
- Ship Date:
- Delivery Date:

BRIEFLY DESCRIBE WHAT THE CLAIM REPRESENTS AND HOW THE CLAIM WAS CALCULATED

THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED IN SUPPORT OF THIS CLAIM:

- Original Bill Of Lading
- Consignee's copy of delivery receipt with the loss or damaged noted
- Proof of payment for the freight charges
- An invoice or other document establishing your cost for the lost or damaged freight or an invoice for repairs made to restore the merchandise to its original condition.
- A claim statement showing the merchandise that was lost or damaged and how the amount of the claim was determined
- Please provide pictures and/or video of the related damaged/missing cargo

- Claim Completed By:
- Signature:

FAX TO: +1-551-244-6674
(IF YOU FAX YOUR CLAIM, PLEASE DO NOT SEND A COPY BY MAIL)

MAIL TO: 20 E Halsey Road Parsippany NJ 07054 USA

E-MAIL TO: info@freightlead.com