



LOSS AND DAMAGE CLAIM FORM

Today's Date: _____

Claimant's Claim Number: _____

Mail to: **Euarda Schroder**
Claims Manager
Target Transportation
3480 W. Ross Drive
Chandler, AZ 85226

Fax to: **(480)634-5818**

CLAIMANT	
Company Name	_____
Street Address	_____
City, State, Zip	_____

SHIPPER	
Company Name	_____
City, State, Zip	_____

CONSIGNEE	
Company Name	_____
City, State, Zip	_____

Our claim is filed for (check one): Shortage Visible Damage Concealed Damage Other (Explain) _____

Pieces	ITEMIZED DESCRIPTION OF ARTICLES INCLUDING MODEL NUMBERS, SIZE, COLOR, MARKINGS, ETC.	CONDITION (CIRCLE ONE)	UNIT PRICE	\$AMOUNT CLAIMED
		NEW / USED		
		NEW / USED		
		NEW / USED		
		NEW / USED		
		NEW / USED		

REQUIRED: Total Amount Claimed

Your claim must be supported by at least one document from each of the categories below (where applicable). Failure to include sufficient documentation will delay settlement of your claim.

Documentation of Transportation Contract

- Copy of the original Bill of Lading
- Copy of the paid freight bill

Documentation of Value of Goods and Amount Claimed

- Copy of the complete original vendor invoice showing all discounts
- Copy of the original repair invoice detailing
- Record of discounted sale

Documentation that Supports the Occurrence of Shortage or Damage

- Consignee copy of delivery receipt
- Copy of the inspection report
- A detailed description of the shortage or damage including Brochures, drawings, photographs, etc.

Other Documentation (List)

- 1) _____
- 2) _____

PREPARER'S NAME (PRINT)

PREPARER'S SIGNATURE

DATE

TELEPHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS