

Freight Claims Handling Instruction Sheet

Date: _____

Claimant Name: _____

Company Name: _____

Contact Phone: _____

Email: _____

Carrier Name: _____

BOL/Tracking Number: _____

Delivery Date: _____

Claim Type: _____

Shipment Details

Description	Item #	Quantity	Unit Price	Amount Claimed

Total Claim Amount: _____

Claim Details

Description of Damage/Shortage/Loss: _____

Additional Instructions or Comments: _____

Supporting Documents Checklist

- ☐ Original BOL
- ☐ Carrier Delivery Receipt
- ☐ Invoice Copy
- ☐ Photos of Damages
- ☐ Other Documents

Prepared By: _____

Date: _____

