

Overland Freight Damage Claim Form

Claimant Name

Company Name

Email

Phone Number

Shipment/Load Number

Pickup Date

Delivery Date

Pickup Location

Delivery Location

Carrier Name

Trailer/Vehicle Number

Description of Damage

Item(s) Damaged (Include SKU, Description, Quantity, Value)

Upload Photos of Damage (if applicable)

Choose File

No file selected

Supporting Documents (BOL, Delivery Receipt, Invoices, etc.)

Choose File

No file selected

Claim Amount (USD)

Additional Information