



**STANDARD CLAIM FOR LOSS/DAMAGE**

A formal claim is being filed against Pelham Services CA with respect to the shipment below:

BOL # \_\_\_\_\_

Date of shipment: \_\_\_\_\_

Payment Method: Prepaid / Collect

Shipper: \_\_\_\_\_

Address: \_\_\_\_\_

Consignee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

COMMODITY: \_\_\_\_\_ QUANTITY: \_\_\_\_\_ WGT: \_\_\_\_\_

\_\_\_\_\_

IF LOST, AMOUNT OF PCS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF DAMAGED\*\*, EXPLAIN EXTENT:

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CLAIM AMOUNT: \$ \_\_\_\_\_

SIGNATURE OF CLAIMANT: \_\_\_\_\_

PLEASE ATTACH THE FOLLOWING DOCUMENTS IN SUPPORT OF YOUR CLAIM FILING:

- COST INVOICE TO SUBTANTIATE THE VALUE OF DAMAGED OR LOST ITEMS.
- ESTIMATES AND/OR COST INVOICE OF REPAIRS AND/OR PARTS REPLACED.
- AVAILABLE PHOTOS EITHER: HARD COPY VIA U S MAIL OR DIGITAL VIA EMAIL

Mail, Fax or Email completed form to: