



**CARGO LOSS & DAMAGE CLAIM**

Claimant Name (Payable to):	Claimant Reference Number:	Date Prepared:
Mailing Address:	TForce Freight Pro Number:	Claim Type: ___ Shortage      ___ Damage
City, State, Zip:	Contact Name:	Contact E-mail Address:
Remit to address (if different than above):		Contact Phone Number:

**CLAIM IS MADE WITH TFORCE FREIGHT ON THE FOLLOWING DESCRIBED SHIPMENT**

Consignee	City, State & Zip
Shipper	City, State & Zip

**DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM IS DETERMINED**

Quantity	Description/Part #	Weight Per Item	Price Per Item	Extended Total
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			<b>Total Claimed Amount:</b>	<b>\$</b>

**DOCUMENTS REQUIRED IN SUPPORT OF YOUR CLAIM**

- Original invoice or certified copy showing prices
- Repair bill or certified copy (if repaired) showing material used & labor rate per hour
- Additional documents (photos, statements, etc.) Do not fax pictures – please send separately referencing pro number
- Weight of item(s) claimed

**NOTE:**  
To expedite the handling of your claim, please include the above mentioned documents as your claim **WILL NOT BE PROCESSED** until properly supported. **Retain all damaged goods until the claim is concluded.**

**All claims must be filed no more than 9 months from date of delivery. Shortage claims must be filed within 9 months from the date on the Bill of Lading. CLAIMS FILED AFTER THIS PERIOD WILL NOT BE ACCEPTED**