

CARGO LOSS & DAMAGE CLAIM



Email form to claims@rpmexpediteusa.com

CLAIM FILED BY _____ DATE: _____
 CLAIMANT: _____
 CLAIMANT'S REFERENCE NUMBER: _____
 ADDRESS: _____
 CITY: _____ ST: _____ ZIP: _____
 CONTACT PERSON: _____
 EMAIL: _____
 PHONE: _____
 IF CLAIMANT IS 3RD PARTY OR NOT LISTED ON BILL OF LADING, CLAIMANT IS REPRESENTING: _____
 (COMPANY NAME)

SHIPMENT DETAILS FOR WHICH CLAIM IS BEING FILED

SHIPPER NAME: _____
ADDRESS: _____
BILL OF LADING #/BOL DATE: _____
CONSIGNEE'S NAME: _____
ADDRESS: _____
DATE OF DELIVERY: _____
PRO # (Required)

The following information is REQUIRED. Claims received without proper support are subject to denial.

Evidence of Paid Freight Charges: In addition to your account with RPM being current and up to date, all freight charges associated with the shipment in question must be paid prior to filing a claim.

Verification of Cost:
 - SHIPPER: Document of manufacturer cost
 - CONSIGNEE: Copy of original invoice for claimed items
 - 3rd Party: Cost of goods as billed to represented customer, or documentation of manufacturing cost

INSPECTION:
 Damage Claims over \$500 require an inspection. A copy of the inspection MUST be presented with claim presentation. Claims

Proof of Loss:
 - IF DELIVERED: COPY OF DELIVERY RECEIPT
 - IF NOT DELIVERED: Copy of Bill of Lading

TYPE OF CLAIM (CHECK ONE):

Complete Shortage Noted Damage Damage and Shortage Partial Shortage Concealed Damage Other, Explain:

DETAILED DESCRIPTION OF MATERIAL BEING CLAIMED

# OF PIECES	DESCRIPTION OF MATERIAL	TOTAL WEIGHT AFFECTED	UNIT COST PER PIECE	AMOUNT OF CLAIM
	New <input type="checkbox"/> Used <input type="checkbox"/>			
	New <input type="checkbox"/> Used <input type="checkbox"/>			
	New <input type="checkbox"/> Used <input type="checkbox"/>			
	New <input type="checkbox"/> Used <input type="checkbox"/>			
	New <input type="checkbox"/> Used <input type="checkbox"/>			
			TOTAL CLAIM =	

Claimant's Signature _____ X _____