Heitz TRUCKING, INC.

# FORM FOR PRESENTATION OF LOSS OR DAMAGE CLAIM

CLAIMANT (As Check Should be Addresses To)

HEITZ Claim Number

CLAIMANT ADDRESS

Date Form Completed

City, State, Zip

CLAIMANT'S Tracking Number

$

Amount Being Claimed

CLAIM TYPE: ☐ DAMAGE

Carrier Freight Bill Number

☐ SHORTAGE

Date Shipped

☐ OTHER

Name of Shipper

Name of Consignee

Address of Shipper

Address of Consignee

City, State, Zip

City, State, Zip

| **DETAILS OF CLAIM** | |
|---|---|
| Number and description of articles; nature and extent of loss or damage, amount of each item, etc. | |
| | |
| | |
| | |
| | |
| | |
| TOTAL AMOUNT CLAIMED | $ |

In addition to the information above, the following support documents **MUST** be submitted:

1 Bill of Lading showing Pickup Driver's Signature
2 Bill of Lading showing discrepancy at delivery
3 Any details to support why you feel carrier is liable for this claim
4 Original invoice to your customer showing cost of goods being sold
5 Manufacturer's invoice showing cost to produce goods

Ramarks: _____

CLAIMANT'S PHONE # _____

CLAIMANT'S EMAIL ADDRESS _____

CLAIMANT'S Signature _____