



Claim Form Loss and Damage

To: Direct Coast To Coast 19 Crows Mill Road Keasbey, New Jersey 08832 Claims Department: Craig Hart Tel: 1-732-738-6900 • Fax: 1-732-738-6924	Date: _____ Claimant's Claim Number (Your Reference Number): _____ FREIGHT BILL NUMBER: _____ Ship Date: _____
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This claim for \$ _____ **is made against your company for** **Damage** **Shortage**
 in connection with the following described shipment:

Shipper's Name: _____	Consignee's Name: _____
Point Shipped From: _____	Final Destination: _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.

All Discount and Allowances must be shown

Qty	Item#	Description	Invoice Cost
NMFC Item No. of commodity lost or damaged:		Total Amount Claimed:	

If your claim is filed for damage and mitigation through repair or allowance is not possible, please explain why and provide contact information for salvage pickup. Salvage must be held until investigation of the claim is completed.

Explanation: _____

Salvage Contact: _____ Phone: _____ Fax: _____

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:

- Original invoice or certified copy. Delivery Receipts (if available).
- Inspection of waiver of inspection (if applicable). Breakdown of repair charges (if available).
- Other particulars obtainable in proof of loss or damage claimed:

Remarks: _____

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED AS CORRECT.

Claimant Company Name: _____			Contact: _____
Mailing Address: _____			Phone: _____ Fax: _____
City: _____	State: _____	Zip: _____	Email Address: _____