

(Claimant's Letterhead)

FORMAL NOTICE OF CLAIM

TO: _____ Date _____
(Name of Carrier)

(Address)

(Phone) _____ (Fax)

B/L or Pro No. _____
Shipment Description: _____
B/L Date: _____ Origin Carrier: _____
From: _____ To: _____ Date of Arrival: _____

- Damage/Shortage has occurred to the shipment described above for which we hold you responsible in the amount of \$ _____.
(Claim amount if known or Full Invoice Value)

- Please acknowledge receipt of this letter by signing and dating below and return to us via fax/mail with a copy of your delivery receipt.

Sincerely,

(Print Name)

(Company Title)

-
.....

CARRIER'S SIGNATURE _____ DATE: _____