



Website: www.fourniertrucking.com

P.O. BOX 308
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PHONE: 320-743-2258 OR 877-743-2258
FAX: 320-743-2259

SIMPLIFIED CARGO LOSS OR DAMAGE CLAIM FORM

All Correspondence and Documents
should be forwarded to:

Four horizontal lines for address information.

Today's Date: \_\_\_\_\_

Your Company's Claim #: \_\_\_\_\_

This claim for \$ \_\_\_\_\_ is made against \_\_\_\_\_.

Check one: Damage Shortage Other

Shipper's Name: \_\_\_\_\_ Consignee's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Pick Up Date: \_\_\_\_\_ APA PRO#: \_\_\_\_\_

[Consignee Memo #]

Delivery Date: \_\_\_\_\_

STATEMENT OF HOW CLAIM AMOUNT IS DETERMINED:

Four horizontal lines for determining claim amount.

Number of additional sheets attached: \_\_\_\_\_ Total Amount Claimed: \$ \_\_\_\_\_

Company Filing Claim: \_\_\_\_\_ Completed by: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Include Copies of:

- 1) Original Invoice (showing cost of item claimed)
2) Bill of Lading
3) Paid Freight Bill

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_