



Claims Department • 3011 Enloe St. Hudson, WI 54016

Phone (715) 386-8836
Fax (715) 386-8889

Cargo Loss & Damage Claim

Claimant

Remit to: (if different than Claimant's address)

Claim in the amount of \$ _____ is hereby filed against Valley Cartage & Warehousing.

SHORTAGE DAMAGE OTHER _____

SHIPPER	CONSIGNEE
ORIGIN	DESTINATION
PRO NO:	DATE OF DELIVERY

Briefly describe what the claim represents and show how the amount of the claim was calculated.

If the claim involves damaged goods, please check one or more of the following:

- Damaged goods can be repaired for approximately \$ _____ .
- Damaged goods can be used "as is" for an allowance of \$ _____
- Damaged goods are available for carrier pickup
- Damaged goods are unavailable (please explain) _____

To avoid delay in processing your claim please attach appropriate documentation, as follows:

- Vendor's invoice showing price of lost or damaged goods (be sure to include final page).
- Consignee's copy of freight bill gearing loss or damage notations.
- Itemized repair bill, If applicable.
- Inspection report, if available

Date _____

Claimant's name (print) _____ Telephone number _____

Claimant's signature _____ Fax number _____