



Presentation of LOSS and DAMAGE

To: Moran Transportation Corporation
2401 Arthur Avenue
Elk Grove Village, IL 60007
Ph: (847) 439-0000
Fax: (866) 706-4010

Date:
Shipment Date:
Your Reference/Claimant #:
Freight PRO #:

This is my claim for \$

Claim is filed for: Visual Damage (Noted on Delivery Receipt)
Shortage (Noted on Delivery Receipt)
Shipment Lost

Detailed statement showing how account of claim is determined

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

Table with 2 columns and 5 rows for detailed claim statement.

SEND WITH THIS CLAIM FORM
Original Commercial Invoice (certified copy acceptable). A commercial invoice is the actual invoice indicating the COST of all of the items contained in this shipment.
Copy of the Bill of Lading
Copy of the Delivery Receipt with exception noted
Detailed Repair Invoice. Only send if claim is for repair of damage. Invoice must show cost of material, labor, etc.
--CLAIM CANNOT BE PROCESSED WITHOUT INVOICE--

SALVAGE RETENTION
Any and all merchandise, to and including, damage parts, must be held for carrier disposition. Failure to do so could result in declination of your claim.

CONCEALED DAMAGE
We do not participate in concealed damage or concealed shortage claims.

Company:
Address:
Phone:
Fax:
Signature:
Email:

Please sign this form and indicate your phone number, fax number, and an email address in the event we find it necessary to contact you regarding this claim.