



STANDARD CLAIM FOR LOSS / DAMAGE

CLAIMANT: _____

ADDRESS: _____

CONTACT: _____ **PHONE#** _____

A formal claim is being filed against EDI EXPRESS for damage / loss with respect to the shipment listed below:

PRO # _____ **DATE:** _____

COMMODITY : _____ **QUANTITY :** _____ **WGT:** _____

SHIPPER/ORIGIN: _____

CONSIGNEE/DESTINATION: _____

IF LOST, AMOUNT OF PCS: _____

IF DAMAGED, EXPLAIN EXTENT: _____

AMOUNT OF CLAIM: \$ _____

SIGNATURE OF CLAIMANT: _____ **DATE:** _____

Please attach the following form:
INVOICES TO SUBSTANTIATE THE VALUE OF THE SHIPMENT
INVOICES TO SUBSTANTIATE THE VLAUE TO THE LOST OR DAMAGED ITEMS.
ESTIMATES OF COST TO REPAIR DAMAGED ITEMS.
PACKING SLIP () CHECK IF NONE EXIST

Mail completed form to: EDI Express, Claims Department
P. O. Box 2149
Gardena, CA 90247-0149