

Cargo Loss and Damage Presentation Form



FROM: Haulistic LLC - Cargo Claims 1415 W. Diehl Rd. Suite 300 S Naperville, IL 60563 Email: qeclaims@shiphaulistic.com	Presented to:	Motor Carrier:
		Claim Date: _____
		Carrier PRO #: _____
		Ship Date: _____
		Order BOL/Order #: _____ (Haulistic Claim Number)
FILED ON BEHALF OF		
Customer: _____		

INDEMNITY AGREEMENT

The claimant agrees to protect the carrier and its connections and/or agents against any loss resulting from non-surrender of original bill of lading or original freight bill or both.

This claim for \$ _____ is made against your company for Loss / Damage in connection with the following described shipment:

Shipper:	Consignee:

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc. All Discount and Allowances must be shown.

Qty	Item #	Description	Invoice Cost
Total Amount Claimed:			\$

If your claim is filed for damage and mitigation through repair or allowance is not possible, please explain why and provide contact information for salvage pickup. Salvage should be held until investigation of the claim is completed.

Notes:

Salvage Contact: _____ **Phone:** _____ **Email:** _____

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM: (mark all that apply ✓)

- | | |
|--|----------------------------------|
| Original (or certified copy) invoice cost or repair of goods | Delivery Receipt (if available). |
| Original Bill of Lading or certified copy | Inspection Report. |
| Photos | Additional Support documents |

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED AS CORRECT.

Claimant Company Name Haulistic LLC		Contact: Cargo Claims Department	
Mailing Address: 1415 W. Diehl Rd. Ste. 300S		Attn: Claims	Name/Signature:
City: Naperville	State: IL	Zip: 60563	Email Address: qeclaims@shiphaulistic.com