

Loss and Damage Claim

SEND OR FAX CLAIM TO:

We be moving LLC
218 Shadow Lakes DR.

Lehigh Acres, Fl, 33974
Fax: 833-637-2378

MAKE CHECK PAYABLE TO:
CLAIMANT

ADDRESS

CITY, STATE, ZIP

CLAIMANT'S NAME		DATE
REFERENCE OR CLAIM #	CLAIMANT'S TELEPHONE NO.	CLAIMANT'S FAX NO.
CLAIMANT'S ADDRESS	CITY, STATE, ZIP	

CLAIM AMOUNT \$	CLAIM FOR <input type="checkbox"/> Shortage <input type="checkbox"/> Damage <input type="checkbox"/> Other (specify):	
SHIPPER We be moving LLC	CONSIGNEE	
ORIGIN	DESTINATION	
CARRIER PRO # <u>or</u> ATTACH A COPY OF THE BILL OF LADING	PICKUP DATE	

BRIEFLY DESCRIBE THE CLAIM AND HOW THE AMOUNT WAS CALCULATED

IF THE CLAIM INVOLVES DAMAGED GOODS, PLEASE CHECK ONE

- Damaged goods can be repaired for damaged approximately \$ _____.
- Damaged goods can be repaired for approximately \$ _____.
- Damaged goods are available for carrier pickup.
- Damaged goods are unavailable (please explain):

PLEASE ATTACH THE APPROPRIATE DOCUMENTATION:

- Vendor's invoice showing price of lost or goods, including final page.
- Consignee's copy of the freight bill bearing loss or damage notations.
- Itemized repair bill, if applicable.
- Inspection Report, if available.

CLAIMANT'S SIGNATURE & DATE