

# PRESENTATION OF SHORTAGE OR DAMAGE CLAIM

06555-30 (1/84)

FOR CARRIER USE ONLY

RCVG TERM SIC/DATE
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This claim for  VISIBLE DAMAGE  
 SHORTAGE is presented to  
 CONCEALED DAMAGE  
 CONCEALED DAMAGE/SHORTAGE  
 LOSS and DAMAGE  
 FROZEN or HEAT DAMAGE

CARRIER CLAIM NUMBER	
CARRIER NAME	
A. DUIE PYLE	
TERMINAL ADDRESS	
650 WESTTOWN RD, P.O. BOX 564	
CITY & STATE	ZIP
WEST CHESTER, PA	19381

DATE FILED
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CLAIMANT'S REFERENCE NUMBER
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CLAIMANT (Company Name)	
ADDRESS	
CITY & STATE	ZIP
PHONE NUMBER	AREA CODE

<b>PLEASE REFER TO THIS NUMBER IN ALL CORRESPONDENCE</b>		WT. OF SHPTSS
CARRIER FREIGHT BILL/INVOICE #:	B/L DATE	

SHIPPER	
ADDRESS	
CITY & STATE	ZIP

CONSIGNEE	
ADDRESS	
CITY & STATE	ZIP

BE SURE TO ATTACH LETTER OF EXPLANATION IF THERE ARE SPECIAL CIRCUMSTANCES WE SHOULD KNOW ABOUT.

\$	AMOUNT CLAIMED
CHECK ONE	
<input type="checkbox"/>	FULL VALUE
<input type="checkbox"/>	REPAIR
<input type="checkbox"/>	ALLOWANCE

## STATEMENT OF SHORTAGE OR DAMAGE

NO. OF PCS.	DESCRIPTION OF ARTICLES, INCLUDING MODEL NO., ETC.

**IMPORTANT NOTE TO OUR CUSTOMERS:** TOTAL AMOUNT CLAIMED- \$

**THE FOLLOWING DOCUMENTS MUST BE PRESENT TO PROCESS YOUR CLAIM**

### SHORTAGE CLAIMS/ITEM 1 THRU 3 • DAMAGE CLAIMS/ITEM 1 THRU 6

- Original vender's invoice (proof of purchase cost or a photostatic copy showing all the discounts. (Please include entire invoice)
- Legible copy of freight bill or original paid freight bill if available.
- Original bill of lading or bond in indemnity in lieu thereof.
- Carrier's inspection report, where copy has been provided.
- Invoice of repair or reconditioning, showing breakdown of labor by hour and rate of pay, if applicable.
- Invoice of materials purchased to complete repair or reconditioning, if applicable.

**NOTE:** in case of nondelivery or shortage it will speed conclusion if claim includes a signed statement from the consignee certifying the goods claimed short have never been received from any source and further, notification will be given to the carrier to whom this claim was presented in the event that said goods are ever received in the future.

The claimant certifies the foregoing to be correct, and agrees to indemnify the carrier against loss in the event the original Bill of Lading and/or original freight bill are not submitted.

**ABOVE MUST BE COMPLETED!**

SIGNATURE OF CLAIMANT

Fax to 610-696-2693 or e-mail to [claimsdept@adiuepyle.com](mailto:claimsdept@adiuepyle.com)