

EMAIL OR FAX CLAIM TO:

CENTRAL TRANSPORT
 ATTN: CLAIMS DEPARTMENT
 12225 STEPHENS ROAD, WARREN, MI 48089

FAX: (586) 467-1756 EMAIL: CLAIMS@CENTRALTRANSPORT.COM

For updates, or to check the status of your claim, please visit centraltransport.com

CARGO LOSS & DAMAGE CLAIM**CLAIM FILED BY****DATE:**

CLAIMANT: _____

CLAIMANT'S REFERENCE NUMBER: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

CONTACT PERSON: _____

EMAIL: _____

PHONE: _____

IF CLAIMANT IS 3RD PARTY/CLAIMANT IS REPRESENTING: _____ (COMPANY NAME)**SHIPMENT DETAILS FOR WHICH CLAIM IS BEING FILED**

SHIPPER NAME: _____
ADDRESS: _____
BILL OF LADING #/BOL DATE: _____
CONSIGNEE'S NAME: _____
ADDRESS: _____
DATE OF DELIVERY: _____
PRO # _____

The following information is required support. Claims received without proper support are subject to denial.

Evidence of Paid Freight Charges: In addition to your account with Central being current and up to date, all freight charges associated with the shipment in question must be paid prior to filing a claim.

Verification of Cost:

- SHIPPER: Document of manufacturer cost
- CONSIGNEE: Copy of original invoice for claimed items

INSPECTION:

Damage Claims over \$500 require an inspection. A copy of the inspection **MUST** be presented with claim presentation. Claims over \$5,000 require a joint 3rd party inspection. To request an inspection, contact freightinspections@centraltransport.com or fax 586-819-0023.

Proof of Loss:

- IF DELIVERED: COPY OF DELIVERY RECEIPT
- IF NOT DELIVERED: Copy of Bill of Lading

TYPE OF CLAIM (CHECK ONE):

- Complete Shortage Noted Damage Damage and Shortage Partial Shortage Concealed Damage Other, Explain:

DETAILED DESCRIPTION OF MATERIAL BEING CLAIMED

# OF PIECES	DESCRIPTION OF MATERIAL	WEIGHT	UNIT COST	AMOUNT OF CLAIM
	New <input type="checkbox"/> Used <input type="checkbox"/>			
	New <input type="checkbox"/> Used <input type="checkbox"/>			
	New <input type="checkbox"/> Used <input type="checkbox"/>			
	New <input type="checkbox"/> Used <input type="checkbox"/>			
	New <input type="checkbox"/> Used <input type="checkbox"/>			
			TOTAL =	

Please refer to our CTII 100 Rules Tariff for any limitations of liability. Certain commodities in the NMFC may also carry reduced liability limits. All claims must be filed within 9 months unless further restrictions apply.

Claimant's
Signature _____ X _____

-DEPARTMENT USE ONLY-

- 1.) _____ 2.) _____ 3.) _____
 4.) _____ 5.) _____ 6.) _____