

The following documents are required in order to process your claim:

- Completed claim form with signed assignment of claim
- Invoice of sale
- Photos of the damage
- Packing slip for lost or shortage claims



Unishippers Client:

Unishippers Account #

PRESENTATION OF FREIGHT CLAIM

UNISHIPPERS BOL #:

Freight Carrier:

Carrier PRO:

Shipped On:

Delivered on:

Was the damage/shortage noted on the POD (please circle one)? YES NO

Did you purchase insurance (please circle one)? YES NO

Type of claim (please circle one): SHORTAGE DAMAGE *CONCEALED DAMAGE ENTIRE SHIPMENT LOST

**** Carrier please complete inspection of the damaged freight within 5 days****

Item(s) Damaged/Short (Item Name, Item #, Part#, etc.)	Quantity	Cost per Unit	Item Subtotal	Weight (Required)
1			\$	
2			\$	
3			\$	
4			\$	
5			\$	
* attached list of any additional items	Claim Subtotal		\$	
	Prorated Freight Charges		\$	
	TOTAL		\$	

Please describe the damage in detail:

If Damaged, where is the damaged freight currently located?

Address:

Contact Person:

Email:

Phone:

*** In order to achieve the most favorable outcome on your claim, the freight carrier requires that you retain all damaged items and packaging for the duration of the claim for possible inspection or salvage, or until disposal is authorized. ***

Can the damaged item be repaired (please circle one)? YES NO *If yes, please provide a copy of the repair estimate/invoice

Does the damaged item have any salvage value? (can it be sold "as-is", used for parts or retained for a discounted value to the original consignee?)

Please provide a written explanation why salvage/repair is not possible:

The foregoing statements of the facts are hereby deemed reliable as submitted to Unishippers.

ASSIGNMENT OF CLAIM



Claims.tb@unishippers.com

Unishippers
16 Corporate Woods Blvd Floor 2
Albany NY 12211
Phone: 888-608-7573
Fax: 518-621-7251

I, (Name)

(Title)

at (Company)

having complete authority, authorize Unishippers to file this claim, negotiate a settlement, and received compensation on our behalf.

Signed:

Date

Email/Phone: