

Loss and Damage Claim

SEND YOUR CLAIM TO:

Email;
Claims@energytransportlogistics.com

MAKE CHECK PAYABLE TO:
 CLAIMANT

ADDRESS

CITY, STATE, ZIP

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

CLAIM AMOUNT \$	CLAIM FOR <input type="checkbox"/> Shortage <input type="checkbox"/> Damage <input type="checkbox"/> Other (specify):	
SHIPPER	CONSIGNEE	
ORIGIN	DESTINATION	
ENERGY 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 approximately \$ _____.

Damaged goods can be replaced for approximately \$ _____.

Replacement goods are available for carrier pickup.

Damaged goods are unavailable (please explain):

PLEASE ATTACH THE APPROPRIATE DOCUMENTATION:

Vendor's invoice showing price of lost goods, including final page.

Consignee's copy of the freight bill bearing loss or damage notations or exceptions.

Itemized repair bill, if applicable.

Inspection Report, if available.



CLAIMANT'S SIGNATURE & DATE