



STANDARD FORM for PRESENTATION of LOSS and DAMAGE CLAIMS

Note: Please retain the damaged goods until your claim is concluded.

WE ARE FILING CLAIM WITH SERVICE TRANSPORT, INC. BASED ON THE PREMISE IDENTIFIED BELOW:

CLAIMANT: (Required)

Corporation Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Claim Number (If Applicable): \_\_\_\_\_

SERVICE TRANSPORT, INC PRO #: \_\_\_\_\_

PRO # DATE: \_\_\_\_\_

MAIL TO: Service Transport, Inc. <OR>  
Cargo Claims Department  
P.O. Box 2267  
Greer, SC 29652

FAX To: (864) 877-4151

CLAIM is FILED for the FOLLOWING REASON:

SHORTAGE  VISIBLE DAMAGE  CONCEALED DAMAGE  OTHER \_\_\_\_\_

Please Provide a Detailed Statement Defining How the Claim Amount is Determined. Please include Quantity and Description of Product, Nature and Extent of Loss and/or Damage, Manufacturer's Cost of Product, Amount of Claim, Estimates to Repair Product, and any further Details relevant to the Calculation of this Claim. IMPORTANT: If Claim is the result of damage to personal property, and/or is a reasonable request in regards to Product, three Estimates for repair must be included:

<b>TOTAL AMOUNT CLAIMED (Required):</b>	<b>\$</b>

The SHIPMENT, if applicable, Moved FROM and TO the following Location:

FROM (Vendor/Shipper): \_\_\_\_\_

CITY / STATE: \_\_\_\_\_

TO (Consignee): \_\_\_\_\_

CITY / STATE: \_\_\_\_\_

As a Minimum for Compliance, At Least ONE DOCUMENT from Each of the Following Categories MUST be Included to Support your Claim. Failure to Comply will Delay Any Action in Regards to your Claim:

A. Documentation of Transportation Contract:

- Copy of Bill of Lading (BOL)

**B. Documentation that Supports Shortage or Damage Occurred:**

- 🍏 Inspection Report
- 🍏 Consignee Copy of Delivery Receipt With Shortage or Damage Noted by Service Transport, Inc. Driver.
- 🍏 Description of Shortage or Damage (Including Drawings, Product Brochures, Photographs, etc.)

**C. Documentation of Costs of Goods:**

- 🍏 Original Vendor Invoice (Required). This establishes what was paid or charged for the product. This is NOT the Service Transport invoice for freight charges.

**D. Other Supporting Documents:**

- 🍏 Three Repair Estimates
- 🍏 Record of Discounted Sale
- 🍏 Record/Receipt of Salvage Value

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**Remarks:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preparer's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_