



Standard Form for Presentation of Loss and Damage Claim

To: GLS US Freight, Inc. DATE: \_\_\_\_\_

Attn: Cargo Claims

PO Box 2569 (A) CLAIMANT REF# \_\_\_\_\_

Manteca, CA 95336

PH 800-237-9669 x 1500 FAX 209-249-6622 (B) CARRIER'S PRO# \_\_\_\_\_

EMAIL: cargoclaims@gls-us.com

(C) This claim is for \$\_\_\_\_\_ made against GLS US Freight, Inc. for \_\_shortage \_\_visible damage \_\_concealed damage

(D) SHIPPER: \_\_\_\_\_ (E) CONSIGNEE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ CITY: \_\_\_\_\_

(F) DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED:

NUMBER AND DESCRIPTION OF ARTICLES, NATURE OF LOSS OR DAMAGE, WEIGHT OF DAMAGED ITEM(S) INVOICE PRICE OF ARTICLES, AMOUNT OF CLAIM, ETC. ALL DISCOUNTS AND ALLOWANCES MUST BE SHOWN.

Table with 4 columns: NUMBER AND DESCRIPTION OF ARTICLES, NATURE OF LOSS OR DAMAGE, WEIGHT OF DAMAGED ITEM(S), INVOICE PRICE OF ARTICLES, AMOUNT OF CLAIM, ETC. ALL DISCOUNTS AND ALLOWANCES MUST BE SHOWN.

(G) Total amount of claim \$\_\_\_\_\_

NOTE: CLAIM SHOULD BE SUPPORTED BY THE FOLLOWING DOCUMENTS. FAILURE TO INCLUDE SUFFICIENT DOCUMENTATION MAY DELAY OF THE CLAIM.

\_\_\_\_ COPY OF ORIGINAL INVOICE \_\_\_\_ COPY OF REPAIRS \_\_\_\_ DIGITAL PHOTOS OR INSPECTION REPORT

\_\_\_\_ COPY OF REPLACEMENT INVOICE AND FREIGHT BILL \_\_\_\_\_WEIGHT OF CLAIMS ITEM(S)

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED AS CORRECT.

\_\_\_\_\_

(H) Company name Address

\_\_\_\_\_

City, State, ZIP code Date

\_\_\_\_\_

Phone # Fax # Email address

\_\_\_\_\_

(I) Claimant's name (printed) Claimant's signature