



Standard Form for Presentation of Loss and Damage Claim

To: GLS Freight, Inc.
Attn: Cargo Claims
PO Box 2569
Manteca, CA 95336
PH 800-237-9669 x 1500 FAX 209-249-6622
EMAIL: cargoclaims@gls-us.com

DATE: _____

(A) CLAIMANT REF# _____

(B) CARRIER'S PRO# _____

(C) This claim is for \$_____ made against GLS 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 2 columns and 5 rows for detailed claim information.

(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 _____