

CARGO LOSS OR DAMAGE CLAIM

06555 00 (12/99) Litho U.S.A.

Claim in the amount of \$ _____

is hereby filed for (check one)

Loss Damage

Date Filed _____

Claimants Claim No. _____

Bill of Lading No. _____ Date _____

Carrier Pro No. _____ Del. Date _____

Mail Claim To:

CON-WAY TRANSPORTATION SERVICES

P. O. BOX 982022

N. RICHLAND HILLS, TX 76182

Fax No. (817) 514-3798

CLAIM PAYABLE TO:	
NAME _____	
STREET & NO. OR P.O. BOX NO. _____	
CITY OR TOWN & STATE & COUNTRY _____	ZIP CODE _____

SHIPPER	CONSIGNEE
ADDRESS	ADDRESS
CITY OR TOWN & STATE & COUNTRY _____ ZIP CODE _____	CITY OR TOWN & STATE & COUNTRY _____ ZIP CODE _____

CLAIM MUST BE SUPPORTED BY A DETAILED STATEMENT SHOWING HOW THE AMOUNT WAS DETERMINED. INCLUDE A COMPLETE DESCRIPTION OF LOST ITEMS; SIZE, COLOR, MARKINGS, ETC.

WERE ARTICLES NEW <input type="checkbox"/> USED <input type="checkbox"/>	WEIGHT OF LOST OR DAMAGED ARTICLE <input type="text"/>	PIECES	\$ AMOUNT CLAIMED	
TOTAL AMOUNT CLAIMED			\$	

NOTE: Claim should be supported by the following documents. Failure to include sufficient documentation may delay conclusion of the claim.

<p>Documentation of transportation contract</p> <p><input type="checkbox"/> Copy of freight bill</p> <p>Documentation of value/amount claimed</p> <p><input type="checkbox"/> Complete vendor invoice or photocopy showing all discounts*</p> <p><input type="checkbox"/> Original repair invoice or photocopy showing hours to repair, labor rate, and material cost*</p>	<p>Documentation that loss or damage occurred</p> <p><input type="checkbox"/> Noted consignee copy of freight bill</p> <p>Other documents to support claim</p> <p><input type="checkbox"/> Copy of Bill of Lading</p> <p><input type="checkbox"/> Inspection Report</p> <p>*Without this document, your claim cannot be processed.</p>
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Remarks: _____

The foregoing statement of facts is hereby certified as correct.

Claimant's Name (print) _____

Claimant's Signature _____

Date _____

Telephone No. _____

Fax No. _____

BE SURE TO ATTACH LETTER OF EXPLANATION IF THERE ARE SPECIAL CIRCUMSTANCES WE SHOULD KNOW ABOUT.

Note: Review information on reverse before you complete this claim.