



THE SHIPPING COMPANY THAT WORKS FOR YOU.®

LOSS/DAMAGE CLAIM

DATE FILED: _____

SUBMIT CLAIM TO:

CLAIMSFILING.LAUNCH@UNISHIPPERS.COM

Claimant:
Contact:
Phone:
Email:

TYPE OF CLAIM (CIRCLE ONE):

Shortage	Noted Damage	Concealed Damage	Damage & Shortage	Other (explain):
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SHIPMENT FOR WHICH CLAIM IS BEING FILED FOR:

Carrier	Carrier Pro #
Shipper	Receiver
Bill of Lading #	Date of Delivery
Ship Date	
Address to Mail Claim Check:	

DETAILED DESCRIPTION OF MATERIAL BEING CLAIMED: (include freight charges)

If concealed damage, please provide a statement as to why

Number of Pieces	Description of Material & Damages	Total Weight	Unit Cost	Amount of Claim
	FREIGHT CHARGES (if including)			
TOTAL:				

FOR PROMPT SERVICE, PLEASE PROVIDE THE NECESSARY DOCUMENTATION:

- ~ Photos showing damage (if applicable)
- ~ Wholesale invoice (cost to manufacture)
- ~ Sales invoice from shipper to consignee
- ~ Repair invoice (if applicable)

Claimants Signature: