



TRIFECTA
TRANSPORT

Claims Department
Loss & Damage Claim Form

Claim(s) filed on behalf of:

Carrier:

Carrier Pro/Tracking number

BOL#

Fax to: 800-469-1428

Phone: 630-534-5900

Claimant	
Company/name	<input type="text"/>
Address	<input type="text"/>
City / State	<input type="text"/>
Zip	<input type="text"/>

Sales Rep	
Rep Name	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

Shipper	
Company Name	<input type="text"/>
Contact	<input type="text"/>
Contact Phone	<input type="text"/>
Street Address	<input type="text"/>

Consignee	
Company Name	<input type="text"/>
Contact	<input type="text"/>
Contact Phone	<input type="text"/>
Street Address	<input type="text"/>

Claim Details

Claim Type Damage/Shortage/Concealed (concealed damage must be reported within 15 days of delivery)

Pieces	Product Description	Weight	Claim \$
	Freight cost (If applicable)		
Totals			\$ -

DOCUMENTS REQUIRED IN SUPPORT OF YOUR CLAIM:

ORIGINAL INVOICE OR CERTIFIED COPY SHOWING THE VALUE OF THE PRODUCT, REPAIR INVOICE (IF APPLICABLE), PICTURES AND REPLACEMENT SHIPMENT INFORMATION

*******ALL DAMAGED FREIGHT MUST BE RETAINED UNTIL CLAIM IS SETTLED*******