

Statewide Transport Loss & Damage Claim Form

This form must be faxed to 985-230-0821 ATTN: Claims Dept within 7 days of delivery. (See notes below)

Claimant Name		General Claim Information	
Address		Date Filed	
City, State, & Zip		Claim #	
Telephone Number		Claim Type	
Fax Number		*Claim Amount	\$ -
Email Address		Shipment Date	
		BOL#	
Shippers Name & Address		* Claims are based on actual "replacement cost" plus applicable delivery charges. See other comments regarding salvage.	
		Supporting Documentation	
		<input type="checkbox"/> Bill of Lading	
		<input type="checkbox"/> Declaration of Value	
		<input type="checkbox"/> Delivery Receipt	
		<input type="checkbox"/> Pictures	
		<input type="checkbox"/> Freight Bill	
Consignees Name & Address		<input type="checkbox"/> Correspondance	
		<input type="checkbox"/> Other	

Product Information			
QTY	Description	Weight	
			Cost Per Unit
			Total Amount
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
1	Freight Charges		\$ -
Total Value			\$ -

I hereby certify that the forgoing information is true and accurate

Claim Prepared by: Date

Submission of this claim does not constitute acceptance of liability nor agreement to pay the claim by Statewide Transport. Statewide Transport reserves the right to inspect any items listed on this claim form. Statewide Transport retains all salvage rights to any claim that is honored and paid. Failure to notify Statewide Transport of any potential claims within 7 days of delivery could result in the denial of the claim.