

AMA TRANSPORTATION
STANDARD FORM FOR PRESENTATION OF LOSS OR DAMAGE CLAIMS
(Fax 1-978-667-4502 / Phone 1-800-322-3210)

Your Claim # _____
Date of claim: _____
Claim Amount: \$ _____
For (loss) or (damage): _____

CLAIMANT
Company: _____
Address: _____
City, State: _____
Telephone: _____



SHIPPER	CONSIGNEE
Company: _____	Company: _____
Address: _____	Address: _____
City, State: _____	City, State: _____

Carrier Freight Bill Number: _____
Bill Of Lading #: _____
Description of Shipment: _____

DAMAGE/LOSS:
Total Pieces DAMAGE/LOSS: _____
Description of Damage/Loss: _____
Value Per Unit: _____
(Evidence of monetary liability of Manufacturer's cost must be present with claim)
Salvage: (Y)___(N)___
Was Freight Bill Signed for as Damaged at receipt? (Y)___(N)___

- Required documents include:
- Delivery Receipt
 - Proof Of Manufacture's Cost / Original Invoice

Remarks: _____

Signature of Claimant

****PLEASE NOTE THAT SALVAGE MUST BE RETAINED UNTIL CLAIM IS RESOLVED. DISPOSAL OF SALVAGE WITHOUT CARRIER AUTHORIZATION MAY RESULT IN CLAIM BEING DECLINED.****