88 TRANSPORTATION, INC.

13875 Norton Ave. CHINO, CA 91710
TEL: (626)333-8088 FAX: (562)250-3160

FAX

To:	**From:**
Fax:	**Date:**
Phone:	**Pages:**
Re:	**CC:**

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Dear Customer,

Please complete and include the following to file a claim:

1. Fill out our claim form clearly (attached).
2. Provide POD (Proof of Delivery) as evidence of the receipt, as well as the kind, quantity, and apparent condition of the goods.
3. Provide original invoice or P.O. (Purchase Order) of the shipment.
4. Circle item number and cost of the loss or damaged merchandise.

Please fax back the documents in order to process the claim.

Please feel free to contact me if you have any questions regarding this matter.

Thanks for your cooperation!

Best Regards,

Claims Department

STANDARD FORM FOR PRESENTATION OF LOSS AND/OR DAMAGED CLAIM

Rev. 1/8/13

To:

88 Transportation, Inc.
9399 Stewart & Gray Rd.
Downey, CA 90241

_____
Date

_____
Claimant's Number

_____
Carrier's Number

This Claim, for $ _____ is made against your company for:

☐ Damage in connect with the following shipment:
☐ Loss

_____ (Shipper's Name)	_____ (Consignee's Name)
_____ (Address)	_____ (Address)
_____ (City, State, Zip)	_____ (City, State, Zip)
_____ (Date of Bill of Lading)	_____ (Date of Delivery)

If shipment re-consigned en route, state particulars: _____

If shipment was moved from warehousing point, include name of initial shipper and point of origin, and if known, name of prior carrier and prior billing reference: _____

DETAIL STATEMENT SHOWING THE AMOUNT OF CLAIM IS DETERMINED
(Number and description of articles, nature, and extent of loss or damage, invoice of articles, amount of claim, etc.)
ALL DISCOUNTS AND ALLOWANCES MUST BE SHOWN

_____
_____
_____
_____

Total Amount Claimed ☐

The following documents are submitted in support of this claim:

☐ Original paid freight bill or other carrier document bearing notation of loss or damage if not shown on freight bill.
☐ Original Bill of Lading.
☐ Carrier's inspection report form (Concealed loss or damage form).
☐ Consignee's concealed loss or damage form.
☐ Original invoice or certified copy.
☐ Shipper's concealed loss or damage form.
☐ Other particular obtainable proof of loss or damaged claim.

NOTE: The absence of any document called for in connection with this claim must be explained. If claimant is unable to produce original bill of lading or paid freight bill, a bond of indemnity must be given to protect the carrier against any duplicate claim(s) supported by original documents.

REMARKS: _____

The foregoing statements of facts are hereby certified as correct.

_____
Claimant's Signature

_____
Address

_____
City, State, Zip