

# CLAIM FORM

  

## For lost or damaged shipments

SENDER OR SHIPPER			RECIPIENT OR CONSIGNEE				
Name/Contact		Company		Name/Contact		Company	
Address							
City		State	ZIP/Postal Code	City		State	ZIP/Postal Code
Phone Number		Fax Number		Phone Number		Fax Number	
Email Address							

TRACKING OR FREIGHT BILL NUMBERS			
Additional tracking number for this claim request allowed (must have the same sender, recipient, and ship date)			
Tracking No. 1	Tracking No. 2	Tracking No. 3	Tracking No. 4

SHIPMENT INFORMATION				
<input type="checkbox"/> Complete Loss <input type="checkbox"/> Partial Loss  <input type="checkbox"/> Damaged Please retain all packing and merchandise until your claim is resolved  <input type="checkbox"/> C.O.D. For DCL Freight or DC Logistics only.	DCL Control No.	Ship Date	No. of Packages	Weight
	Qty of Packages	Item No.	Item Description	Claimed Amount
Contents of shipment	Describe damage to outer packaging	Describe inner packaging		Describe damage to contents
Declared Value The value declared on the shipment when tendered to DCL.	Merchandise Value Original purchase value and/or cost to repair	Freight Charge	Total Claim/C.O.D. Amount	Customer Remarks

SALVAGE		
If your claim is filed for damage, and mitigation through repair or allowance is not possible, please explain why and provide contact information for salvage pickup. Salvage should be held until investigation of the claim is complete.		
Salvage Contact	Phone Number	Fax Number

CLAIMANT INFORMATION				
<input type="checkbox"/> I accept that the foregoing statement of fact is hereby certified as correct.				
Claimant's Name		Phone Number	Fax Number	
Claimant's Address			Email Address	
City	State	ZIP/Postal Code	Signature	Date

### Email, Fax or Mail

Please return the completed form and required Proof of Value documentation (invoice and/or receipt) to:

<b>DC-Logistics Freight Dept.</b> 4685 Pier Enterprises Way Jurupa Valley, CA 91752	<b>Questions?</b> 877-325-6447	<b>Fax</b> 888-432-0009	<b>Email</b> claims@dc-logistics.com
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