



LOSS/DAMAGE CLAIM FORM

AVERITT EXPRESS

P.O. Box 3166, Cookeville, TN 38502-3166
Attn: Cargo Claim Services
1-800-AVERITT (800-283-7488) FAX (931) 520-2799
<http://www.averittpress.com>

For Internal Use Only

This is my claim for: \$ _____ Date: _____

Claimant's reference #: _____
(Show only if you want reference # on check or correspondence.)

Averitt Express freight bill #: _____ Date Shipped: _____
(Must be paid in full before claim can be processed.)

Please send copy of Bill of Lading if freight bill # is not available. We will be unable to process claim without this information.

- *Claim filed for:
- Visual Damage (noted on freight bill)
 - Shortage (noted on freight bill)
 - Concealed Damage (discovered after delivery - see instructions on reverse)
 - Concealed Loss (discovered after delivery - see instructions on reverse)

*Please see reverse side for National Motor Freight Classification Guidelines for the filing of cargo claims.

DETAILED STATEMENT FOR CLAIM DETERMINATION — Number of items, cases, pallets, nature and extent of damage/loss, invoice price of items, discounts and/or allowances. If this claim is for repair costs to a damage, a detailed repair invoice showing cost and materials must be included.

TOTAL # UNITS CLAIMED:

TOTAL AMOUNT \$

Send with this claim form: **ORIGINAL INVOICE OR CERTIFIED COPY**
****CLAIM CANNOT BE PROCESSED WITHOUT ORIGINAL INVOICE AS BILLED BY SELLER****
Every effort will be made to settle your claim within 30 days; however, circumstances involving the shipment in question may require additional time.

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Please Print

Preparer's Name: _____

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone #: _____

Fax #: _____

Preparer's E-Mail Address: _____

Preparer's Signature: _____