



Freight Claim Report

SEND, FAX, OR EMAIL TO:

TEK Transportation, Inc.
 44293 Macomb Industrial Drive
 Clinton Township, MI 48036
 Fax: 586-465-4140

Claimants Number

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Date

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Carriers Pro Number

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Pro Date

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Claim for: **Shortage:** _____ **Damage:** _____ **Other:** _____

Claimant	
Company Name:	
Street Address:	
City/State/Zip:	
Phone Number:	
Fax Number:	
Email Address:	
Representatives Name:	
Shipper Name & Address	Consignee Name & Address

Statement of Shortage or Damage

Number of Pieces	Description of Articles (Include markings, model numbers, and packaging)	Amount Claimed
Total Amount Claimed:		

Claimant Signature: _____

All claims must be filed within forty-five (45) days, unless restrictions apply.

For Prompt Service, please provide the following documents.

<p>EVIDENCE OF PAID FREIGHT CHARGES All freight charges associated with the shipment in question must be paid prior to any claim filing.</p>	<p>INSPECTION Damage Claims over \$500 require joint inspection. A copy of the inspection must be presented with the claim inspection. TEK Transportation, Inc. must be contacted for inspection agreements.</p>
<p>VERIFICATION OF CODE SHIPPER: Documentation of original cost CONSIGNEE: Copy of invoice for shipment</p>	<p>PROOF OF LOSS IF DELIVERED: Copy of Delivery Receipt IF NOT DELIVERED: Copy of Bill of Lading</p>
<p>Prior to filing a claim please refer to the contract located on the back of the TEK Transportation, Inc. bill of lading and reference line item 3.</p>	