

# STANDARD FORM FOR PRESENTATION OF LOSS/DAMAGE CLAIM

(BE SURE TO READ THE INCLUDED INSTRUCTIONS BEFORE FILING THIS CLAIM)

**YOU MUST EMAIL YOUR CLAIM TO: CLAIMS@BAKSTON.COM**

TO: BAKSTON FREIGHT SYSTEMS, INC  
P.O. BOX 910578  
ST. GEORGE, UT 84791-0578  
ATTN: FREIGHT CLAIMS  
**EMAIL: CLAIMS@BAKSTON.COM**

CLAIM PAYABLE TO:  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

CLAIM AMOUNT: \$ \_\_\_\_\_  
DATE SHIPPED: \_\_\_\_\_  
SHIPMENT DESCRIPTION:  
PIECES \_\_\_\_\_ WEIGHT \_\_\_\_\_  
BAKSTON TRACKING #: \_\_\_\_\_

SHIPPER: \_\_\_\_\_  
CONSIGNEE: \_\_\_\_\_  
DATE DELIVERED \_\_\_\_\_

FREIGHT CHARGES MUST BE PAID IN FULL BEFORE CLAIM WILL BE PROCESSED  
IF THE PRO / TRACKING LABEL # IS NOT AVAILABLE, PLEASE INCLUDE A COPY OF THE SHIPPER'S BILL OF LADING TO ENSURE YOUR CLAIM WILL BE PROCESSED

## DETAILED STATEMENT FOR CLAIM DETERMINATION:

### CLAIM FILED FOR:

- ( ) VISUAL DAMAGE - NOTED ON DELIVERY RECEIPT  
( ) SHORTAGE - NOTED ON DELIVERY RECEIPT  
( ) OTHER  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF ITEMS, CASES, PALLETS, NATURE AND EXTENT OF DAMAGE/LOSS, INVOICE PRICE OF ITEMS, DISCOUNTS AND/OR ALLOWANCES AND, IF THIS CLAIM IS FOR REPAIR COSTS OF DAMAGE, A DETAILED REPAIR INVOICE SHOWING COST AND MATERIALS MUST BE INCLUDED.  
LABOR CAN ONLY BE CLAIMED AT "IN-HOUSE/COST" LEVELS, NOT TO EXCEED \$25.00 PER HOUR.

## FULL DESCRIPTION OF LOSS, DAMAGE OR REPAIRS (INCLUDE PARTS AND LABOR ITEMIZATION):

## NMFC ITEM NO. OF COMMODITY LOST OR DAMAGED:

**TOTAL AMOUNT OF CLAIM: \$**

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED IN SUPPORT OF THIS CLAIM:

	COPY OF ORIGINAL PAID MERCHANDISE INVOICE TO DOCUMENT THE VALUE OF ITEMS CLAIMED.
	CARRIER DOCUMENT BEARING AUTHORIZED NOTATION OF LOSS OR DAMAGE.

\*\* NOTE: THE ABSENCE OF ANY OF THE ABOVE REQUIRED DOCUMENTS WILL RESULT IN A DENIAL OF THE CLAIM \*\*

LIST ANY ADDITIONAL DOCUMENTS THAT ARE SUBMITTED:

THE FOREGOING STATEMENT IS HEREBY CERTIFIED AS CORRECT.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PREPARERS NAME/TITLE: \_\_\_\_\_ PREPARER'S EMAIL: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_