

## LOSS/DAMAGE CLAIM FORM

Fill out form completely. Attach copies, photos, invoice, etc... to support the claim.

Name of Claimant/Company			Contact Person	Phone No.		Fax No.	
Address			City	State	Zip Code		
Location of L	oss or D	amage			Date of Loss	File Date	
Booking No. M			ate Receipt No.	Invoice No.		Other	
(1) Describe	damage (	or reason fo	or claim				
(2)							
(3)							
Plt. No(s).	Qty	Descrip	otion of Cargo				Cost
					Grand Total of		

Email or fax completed form with supporting documentation to our Traffic Department at: <a href="mailto:traffic@coastaltransportation.com">traffic@coastaltransportation.com</a> | 206-283-9121 (FAX)

Receipts are required for verification of value. Please be sure to attach receipts and/or estimates of repair charges. Claims must be submitted within 30 days of delivery. See BILL OF LADING TERMS AND CONDITIONS RULE NO. 8 NOTICE, CLAIM AND TIME FOR SUIT.