

PRESENTATION OF DAMAGE CLAIM

This Claim for: is presented to:
Passport Auto Logistics, LLC

Please email:
Jeremy Dill
 jeremy@passporttransport.com

Or call/fax:
417-588-4937/o
314-714-4522/f

DAMAGE

CLAIMANT
ADDRESS
CITY, STATE, ZIP
PHONE NO.
VIN

BOL # (Order #)	BILL OF LADING DATE	VEHICLE	
DESCRIPTION OF DAMAGED AREAS			Amount
TOTAL AMOUNT CLAIMED -			

IMPORTANT NOTE TO OUR CUSTOMERS: THE FOLLOWING DOCUMENTS MUST BE INCLUDED TO PROCESS YOUR CLAIM. ALSO, TRANSPORTATION CHARGES MUST BE PAID IN FULL BEFORE THIS CLAIM CAN BE PROCESSED.

1. Complete, sign and date claim form, which should provide the details of the damage claimed.
2. Legible copy of the transportation bill or billing receipt, bill of lading, and delivery receipt/inspection report.
3. Two (2) estimates or invoices for repair, showing breakdown of labor by hour and rate of pay, if applicable.
4. Invoice for materials/parts purchased to complete repair, if applicable.
5. Photographs of damage.

The claimant certifies the foregoing to be correct, and agrees to indemnify the carrier against loss in the event the original Bill of Lading and / or original freight bill are not submitted.

 Date

 Signature of Claimant

 Print Name

Passport Transport

Instruction Sheet for filing Cargo Claims

There is a list of necessary supporting documentation at the bottom of the claim form. Please include information you deem appropriate for substantiating your claim. Claim amounts must be based on actual repair/replacement costs *or* two (2) estimates.

NOTE: If you submit a blank claim form, i.e. without a specified damage amount and without the supporting documentation for that claim, your claim cannot be processed and will not be approved (49 CFR Part 370.3(d)).

Further note that that transportation charges must be paid before any claim will be processed.

Should you need any other information or have any questions, please contact me. I can be reached at (417) 588-4937.

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