

CARGO LOSS & DAMAGE CLAIM



SEND OR FAX CLAIM TO:

DATE:

CTX, Inc.
P.O. Box 860
Dearborn Heights, MI 48127
FAX: (734) 955-7119

CLAIM FILED BY

CLAIMANT:
ADDRESS:
CITY: _____ ST: _____ POSTAL CODE: _____
CONTACT PERSON _____ PHONE: _____
FAX#: _____ EMAIL: _____
CLAIMANT'S REFERENCE NUMBER: _____

TYPE OF CLAIM (CHECK ONE)

- | | |
|--|---|
| <input type="checkbox"/> Complete Storage | <input type="checkbox"/> Partial Shortage |
| <input type="checkbox"/> Noted Damage | <input type="checkbox"/> Concealed Damage |
| <input type="checkbox"/> Damage and Shortage | <input type="checkbox"/> Other, Explain |

SHIPMENT FOR WHICH CLAIM IS BEING FILED

SHIPPER'S NAME		CONSIGNEE'S NAME	
ORIGIN		DESTINATION	
BILL OF LADING NO.	B/L DATE:	DATE OF DELIVERY	
PRO #			

DETAILED DESCRIPTION OF MATERIAL BEING CLAIMED

NUMBER OF PIECES	DESCRIPTION OF MATERIAL	UNIT COST	AMOUNT OF CLAIM
TOTAL			▶

Please refer to our CXUA 100 Rules Tariff for any limitation of liability. All claims must be filed within 9 months unless further restrictions apply.

FOR PROMPT SERVICE, PLEASE PROVIDE THE NECESSARY DOCUMENTATION:

EVIDENCE OF PAID FREIGHT CHARGES:
> All freight charges associated with the shipment in question must be paid prior to any claim filing.

INSPECTION:
> Damage Claims over \$500 require joint inspection. A copy of the Inspection must be presented with claim presentation. Contact CTX for inspection arrangements.

VERIFICATION OF COST:
> SHIPPER: Documentation of original cost
CONSIGNEE: Copy of invoice for shipment

PROOF OF LOSS:
> IF DELIVERED: Copy of Delivery Receipt
IF NOT DELIVERED: Copy of Bill of Lading

Claimant's Signature: _____

- DEPARTMENT USE ONLY -		
1) _____	4) _____	7) _____
2) _____	5) _____	8) _____
3) _____	6) _____	9) _____