



# Loss and Damage Claim

Presentation Date: \_\_\_\_\_

Claimant Reference No.: \_\_\_\_\_

Claim is hereby filed for: \_\_\_\_\_

in connection with the shipment described below:

(Shortage, Damage, Wet Freight, Temperature Issue, Service Failure, Accident, POD, Etc.)

### Claimant Contact Information

Claimant CO. Name: _____	Claimant Phone: _____
Mailing Address: _____	Remittance Address (if different): _____ _____
City, ST, Zip: _____	
Contact Name: _____	
Email Address: _____	

Freight Bill (PRO) Number: \_\_\_\_\_ Shipment Date: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

<b>Carrier</b>	J.B. Hunt Transport, Inc. PO Box 598 Lowell, AR 72745 ATTN: CARGO CLAIMS DEPT.	<b>BOL Date:</b> _____ <b>Trailer/Container Number:</b> _____ <b>Phone: OSD Dept: 800-723-7106 Fax: 479-419-3350</b> <b>Email: JBH_Cargo_Claims@jbhunt.com</b>
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<b>Shipment Info</b>	<b>Shipper</b>	_____	<b>Consignee</b>	_____
	<b>Address</b>	_____	<b>Address</b>	_____
	<b>City, ST, Zip</b>	_____	<b>City, ST, Zip</b>	_____
<b>Description of Shipment</b> _____ (Commodity)				
<b>Bill of Lading Number:</b> _____		<b>Appointment Number:</b> _____		
<b>ShipID or PO Number:</b> _____		<b>Seal Number:</b> _____		

### DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

(Number and description of articles, nature and extent of loss and damage, invoice price of items, amount of claim, etc.)

ITEM #	DESCRIPTION	QTY	COST EACH	TOTAL \$ CLAIMED

(Please attach itemized list if all will not fit above.)

Discount (-)	
Freight Charges (+)	
Additional Charges	
<b>Total Claim Amount:</b>	<b>\$</b>

Currency shown in US DOLLAR (USD)

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:

- ( ) 1. Original Bill of Lading
- ( ) 2. Original Paid Freight Bill
- ( ) 3. Original invoice or certified copy
- ( ) 4. Other particulars obtainable in proof of loss or damage claimed.

REMARKS: \_\_\_\_\_

The foregoing statement of facts is hereby certified as correct: \_\_\_\_\_

(Signature of Claimant Representative)

