



**CREATIVE Transportation Services, Inc.**

21001 San Ramon Valley Blvd, A4-313, San Ramon, CA 94583

**Fax to: 925.362.8030**

### Presentation of Loss and Damage Claims

Claim is hereby filed for:  Shortage  Damage  Other \_\_\_\_\_

In connection with the shipment described below:

Carrier Freight Bill (Pro) Number: \_\_\_\_\_ Dated: \_\_\_\_\_

CTS Control Number: \_\_\_\_\_ Carrier Name: \_\_\_\_\_

Shipper: \_\_\_\_\_ Point shipped from: \_\_\_\_\_

Consignee: \_\_\_\_\_ Destination: \_\_\_\_\_

**Detailed statement showing how claim amount is determined.**

(Number and description of articles, nature and extent of loss or damage, invoice cost of articles (if available), amount of claim (if available), etc.)


Total amount of claim: \_\_\_\_\_

Where is the damage freight located? \_\_\_\_\_

In addition to the information given above. The following documents are submitted in support of this claim.

- Original bill of lading, if not previously surrendered to carrier.
- Original paid freight (expense) bill.
- Original invoice or certified copy (cost of damaged goods).
- Original repair invoice for repaired goods.
- Other particulars obtained in proof of loss or damage claim.

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preparer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your business. We will process your request and contact you shortly.**

Phone: 800.565.0307 Fax: 925.362.8030

[www.creative-trans.com](http://www.creative-trans.com)