

**LOSS AND/OR DAMAGE CLAIM FORM**



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

Claimants Reference No.: \_\_\_\_\_

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

In connection with the shipment described below:  
(Shortage, Damage, Temperature Issue, Accident, etc.)

**TEMPERATURE CLAIMS MUST HAVE SHIPPER ISSUED TEMPERATURE RECORDER DOWNLOAD ATTACHED TO FORM SUBMITTANCE OF THIS FORM DOES NOT GUARANTEE PAYMENT OR APPROVAL OF PAYMENT BY CARRIER.**

**Claimant Contact Information**

Company Name:

Mailing Address:

City, State, Zip:

Contact Name:

Email Address:

Phone:

Remittance Address (if different)

**Carrier**

Sorenson Transport Co. Inc.

P.O. Box 311

Chehalis, WA 98532

ATTN: TRACI NIELSON

[traci@sorensontransport.com](mailto:traci@sorensontransport.com)

BOL Date: \_\_\_\_\_

Trailer #:

Phone: 800-332-3213 Ext. 118

**Shipment Information**

Shipper:

Consignee:

Address:

Address:

City, State, Zip

Zip:

Description of shipment (commodity):

Bill of Lading Number:

ShipID or PO Number:

**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

<b>Total Claim Amount     \$</b>
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**IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:**

1. ORIGINAL BILL OF LADING, IF NOT PREVIOUSLY SURRENDERED TO CARRIER
2. ORIGINAL PAID FREIGHT EXPENSE (BILL)
3. ORIGINAL INVOICE OR CERTIFIED COPY
4. TEMPERATURE RECORDER DOWNLOAD
5. TRAILER DOWNLOAD
6. PHOTOGRAPHS OF FREIGHT IF APPLICABLE

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

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Signature of Claimant

Date