



CLAIMS OFFICE

1400 Glenn Curtiss, Carson, CA 90746
Tel: (310) 900-1974 Fax: (310) 900-1984

Name of Claimant: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Name: _____
 Phone: _____ Fax: _____
 Tracking #: _____
 Shipment Date: _____

CLAIM FORM FOR GOODS LOST OR DAMAGED

#	WEIGHT	DESCRIPTION	DESCRIPTION CLAIM <i>(Please detail reason for claim)</i>	CLAIM AMOUNT
TOTAL AMOUNT OF CLAIM				\$

Claims for loss or damage discovered by the consignee after delivery, after a clear receipt has been given to MainFreight, must be reported in writing to MainFreight within seven days after delivery of shipment, MainFreight should be given the privilege to inspect the shipment, it's container(s) and packing material within fifteen days after receipt of such notice.

Please attach the following documents and forward to the Claims Department:

1. Commercial Invoice establishing the value of the entire shipment
2. Packing List
3. Photographs of damage if available
4. Repair/Replacement estimate
5. Copy of the delivery receipt if available

Signature of Claimant _____ Date: _____