



**STANDARD CLAIM FORM FOR LOSS OR DAMAGE**

***\*\*Please note any monies due will be payable to the claimant\*\****

Claimant: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Claimants Ref. No: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Claimants E Mail: \_\_\_\_\_

Shipper: \_\_\_\_\_ Address: \_\_\_\_\_

Carriers Pro No: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_ Del Date: \_\_\_\_\_

Claim Is For:  Loss  Damage  Other Claim Amount: \$ \_\_\_\_\_

**DETAILED STATEMENT SHOWING HOW THE AMOUNT CLAIMED FOR IS DETERMINED**  
 Number, description of articles, nature and extent of loss or damage. All discount and allowances must be shown

**If claim is for repairs please give a detailed breakdown of what repairs were done. Include Invoices for all parts used to facilitate repair.**  
**Be sure to hold on to the damaged parts, as there is a chance that we will want to pick up the salvage.**

Qty	Description	Unit Value	Total Value
<b>Total Claimed Amount</b>			

TOTAL WEIGHT OF LOST OR DAMAGED GOODS \_\_\_\_\_

**DOCUMENTS REQUIRED WITH CLAIM PRESENTATION**

Bill of Lading  Proof of Delivery  Copy of Original Invoice  Packing Slips   
 Details of Loss or Damage  All Repair Invoices

Goods can be repaired for approximately \$ \_\_\_\_\_

Goods can be "used as is" for allowance of \$ \_\_\_\_\_

Damaged goods are available for pick up: \_\_\_\_\_

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

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