

PRESENTATION OF SHORTAGE OR DAMAGE CLAIM



625 Third Avenue
 Rock Island, Illinois 61201
 Phone: 309-794-0723
 Fax: 309-794-1693
 www.dohrn.com

This claim is for SHORTAGE
 DAMAGE

This claim is presented to Dohrn Transfer Company
 625 Third Avenue
 Rock Island, IL 61201
 Phone: 309-794-0723

| CLAIMANT | | Date Claim Filed | |
|--------------|-------|--|---------------------|
| Company Name | | Claimant's Reference No. | |
| Address 1 | | Dohrn Freight Bill No. | |
| Address 2 | | <i>Please refer to this freight bill number on all correspondence.</i> | |
| City | State | Zip | Bill of Lading Date |
| Phone | | Weight of Claimed Item | |

| SHIPPER | | CONSIGNEE | |
|--------------|-------|--------------|-------|
| Company Name | | Company Name | |
| Address 1 | | Address 1 | |
| Address 2 | | Address 2 | |
| City | State | Zip | City |
| | | | State |
| | | | Zip |

STATEMENT OF SHORTAGE OR DAMAGE

| No. Pieces | Description of articles, including part no., model, etc | Amount Claimed |
|------------|---|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total amount claimed: _____ Claim is for: FULL VALUE REPAIR ALLOWANCE

Be sure to attach letter of explanation if there are special circumstances we should know about regarding your claim.

THE FOLLOWING DOCUMENTS MUST BE INCLUDED TO PROCESS YOUR CLAIM
 For shortage claim, items 1 through 4 are **REQUIRED**. For damage claim, items 1 through 6 are **REQUIRED**.

1. Original vendors' invoice (proof of purchase cost) or photocopy showing all discounts. (Please include entire invoice.) Legible copy of freight bill or original paid freight bill if available.
2. Original bill of lading or bond of indemnity in lieu thereof.
3. Carrier's inspection report, where copy has been provided.
4. Invoice for repair or recoopering, showing breakdown of labor by hour and rate of pay, if available.
5. Invoice for materials purchased to complete repair of recoopering, if applicable.
6. Invoice for materials purchased to complete repair of recoopering, if applicable.

NOTE: In the case of non-delivery or shortage, it will speed conclusion if claim includes a signed statement from the consignee certifying the goods claimed short have never been received from any source and further, notification will be given to the carrier to whom this claim was presented in the event said goods are never received in the future.

The claimant certifies the foregoing to be correct, and agrees to indemnify the carrier against loss in the event the original Bill of Lading and / or original freight bill are not submitted.

SIGNATURE OF CLAIMANT _____

THE ABOVE FORM MUST BE ENTIRELY COMPLETED FOR CLAIM TO BE PROCESSED.

PRINT NAME _____