PRESENTATION OF SHORTAGE OR DAMAGE CLAIM

DOHRN

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
625 Third Avenue
Rock Island, IL 61201
Phone: 309-794-0723

CLAIMANT			
Company Name			
Address 1			
Address 2			
City	State	Zip	
Phone			

Date Claim Filed	
Claimant's Reference No.	
Dohrn Freight Bill No.	
Please refer to this freight bill number on all correspondence.	
Bill of Lading Date	
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
2. invoice.) Legible copy of freight bill or original paid freight bill if available.
3. Original bill of lading or bond of indemnity in lieu thereof.
4. Carrier's inspection report, where copy has been provided.
5. Invoice for repair or recoopering, showing breakdown of labor by hour and rate of pay, if available.
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 _____

PRINT NAME _____

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