



PRESENTATION OF LOSS, OR DAMAGE CLAIMS

9330 Jackrabbit Rd. Houston, TX 77095, PH 800-441-0197 FAX 866-491-6049

Presented To:

The Waggoners Trucking
 9330 Jackrabbit Rd.
 Houston, TX 77095
 Phone: 800-441-0197 ~ FAX: 866-491-6049
 ATTN: Claims Department

_____ (Name of Claimant)

_____ (Street or P.O. Address)

_____ City _____ State _____ Zip

For Claim in connection with the following described shipment:

Shipper: _____ Point of Origin: _____

Consignee: _____ Destination: _____

Freight Bill No: _____ For: Loss Damage Other: _____

Claimant No: _____ This Claim is for \$ _____

STATEMENT OF LOSS OR DAMAGE

NO of PCS	DESCRIPTION OF ARTICLE	AMOUNT OF LOSS OR DAMAGE	
TOTAL OF CLAIM			

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED CORRECT: _____
 (Signature of Claimant)

TO OUR CUSTOMERS: In order that we might provide you with the fastest possible claim service, please submit the following documents to support your claim:

1. Original Bill of Lading (must have notation of loss or damage)
2. Freight Bill
3. Invoice for repair or recouping, showing breakdown or labor by hour and rate of pay, if applicable. If damaged beyond repair, please hold for salvage.
4. Invoice for materials purchased to complete repair or recouping, if applicable.
5. Photographs of damaged cargo.

Every effort will be made to settle your claim as quickly as possible. Your assistance in forwarding all necessary supporting documents will enable us to accomplish this.

_____ () - _____
 Name of person submitting form Contact Number