

# FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

**MAIL TO:**  
 New Penn Motor Express  
 625 S 5<sup>th</sup> Ave.  
 Lebanon, PA 17042  
 Attention Loss & Damage Claims Department

**CLAIM PAYABLE TO:**  
 \_\_\_\_\_  
Claimant  
 \_\_\_\_\_  
Mailing Address  
 \_\_\_\_\_  
City State Zip Code

**EMAIL TO:**  
 claims@newpenn.com

**FAX TO:**  
 (717) 273-8183 (Please do not fax pictures)

\*\*\*\*\*  
**CLAIMANT'S REFERENCE NUMBER:** \_\_\_\_\_ **DATE PRESENTED:** \_\_\_\_\_

This claim is made against the carrier for Shortage ( ) Visible Damage ( ) Concealed Damage ( )

Freight Bill/Pro/Tracking #: \_\_\_\_\_ Freight Date: \_\_\_\_\_

Shipper: \_\_\_\_\_ Origin: \_\_\_\_\_  
City State

Consignee: \_\_\_\_\_ Destination: \_\_\_\_\_  
City State

Description of Shipment: \_\_\_\_\_

Weight of Claimed Article(s) \_\_\_\_\_

DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM IS DETERMINED (Number & description of articles, weight of articles, nature and extent of loss or damage, price of articles, amount of claim, etc. ALL DISCOUNT and ALLOWANCES MUST BE SHOWN.)	
Total Amount Claimed	

**YOUR CLAIM IS TO BE SUPPORTED BY THE FOLLOWING:**

**ALL CLAIMS:**

- Copy of the complete original vendor/product invoice
- Copy of the Bill of Lading and/or paid freight bill

**DAMAGE CLAIMS:**

- Pictures of the damaged freight (packaging & product) **\*\*REQUIRED ON ALL DAMAGE CLAIMS (color pictures preferred)**
- Copy of the repair cost invoice (when applicable), including a breakdown of labor & material. Include invoices or cost sheets to support parts required for repair.
- Copy of the inspection report (independent freight inspection or internal quality inspection)

**SHORTAGE CLAIMS:**

- Copy of Credit or Debit Memo OR Chargeback for the missing product

Remarks and/or other particulars submitted in proof of loss or damage claim:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The foregoing statement of facts is hereby certified as correct.

\_\_\_\_\_  
(Claimant's Name – Print)

\_\_\_\_\_  
(Claimant's Name – Sign)

\_\_\_\_\_  
(Claimant's email address/phone number)