

FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

MAIL TO:

New Penn Motor Express
 625 S 5th 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)