

Line Drive Trucking Inc. Loss and Damage Claim

SEND OR EMAIL CLAIM TO:

Line Drive Trucking Inc.
P. O. Box 90903
City of Industry, Ca 91715

linedrivehelp@linedrivetrucking.com

MAKE CHECK PAYABLE TO:
CLAIMANT

ADDRESS

CITY, STATE,
ZIP

CLAIMANT'S NAME		DATE	
REFERENCE OR CLAIM #	CLAIMANT'S TELEPHONE NO.	CLAIMANT'S FAX NO.	
CLAIMANT'S ADDRESS	CITY, STATE, ZIP		

CLAIM AMOUNT \$	CLAIM FOR <input type="checkbox"/> Shortage <input type="checkbox"/> Damage <input type="checkbox"/> Other (specify):		
SHIPPER	CONSIGNEE		
ORIGIN	DESTINATION		
CARRIER PRO # <u>or</u> ATTACH A COPY OF THE BILL OF LADING	PICKUP DATE		

BRIEFLY DESCRIBE THE CLAIM AND HOW THE AMOUNT WAS CALCULATED

IF THE CLAIM INVOLVES DAMAGED GOODS, PLEASE CHECK ONE

- Damaged goods can be repaired for damaged approximately \$ _____.
- Damaged goods can be repaired for approximately \$ _____.
- Damaged goods are available for carrier pickup.
- Damaged goods are unavailable (please explain):

PLEASE ATTACH THE APPROPRIATE DOCUMENTATION:

- Vendor's invoice showing price of lost or goods, including final page.
- Consignee's copy of the freight bill bearing loss or damage notations.
- Itemized repair bill, if applicable.
- Inspection Report, if available.

CLAIMANT'S SIGNATURE & DATE