

CARGO LOSS AND DAMAGE CLAIM FORM

Claimant: _____
 Address: _____
 Phone Number: _____
 Fax Number: _____
 Email Address: _____

Claim Amount of \$ _____ is filed against ECM Transport, LLC for:

Noted Damages on Bill Of Lading (BOL)?	YES	NO
Shortages?	YES	NO
Concealed Damages?	YES	NO

Other: _____

Shipper Name: _____
 Shipper Address: _____
 Phone Number: _____
 Contact: _____

Consignee Name: _____
 Consignee Address: _____
 Phone Number: _____
 Contact: _____

ECM Transport, LLC Load Number: _____
 Claimants Reference Number: _____

Please describe what the claim represents and show how the amount for the claim was calculated.

Product	Description	Claim Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the claim involves damaged goods please complete the following:

Damaged goods can be repaired for amount of: \$ _____
 Damaged goods can be used "as is" for an allowance of: \$ _____
 Damaged goods are available for carrier pickup at this amount: \$ _____

Damaged goods are unavailable, please explain: _____

To avoid delay in processing your claim, please include the following documentation if applicable:

- Copy of BOL
- Vendor's Invoice showing price of lost or damaged goods
- Consignee's copy of freight bill, bearing loss or damaged notations
- Itemized Repair Bill and/or Inspection Report

Claimant's Name: _____
 Signature: _____
 Date: _____

Forward Claims to:
Attn: Claims Department
ECM Transport, LLC
1460 Greensburg Road
New Kensington, PA 15068
Fax Number: 412-208-2834