

CARGO SHORTAGE OR DAMAGE CLAIM

This claim is for SHORTAGE
 DAMAGE

This claim is presented to: **ABOVE AND BEYOND, INC.**
 45190 Prologis Plaza, Suite 165
 Sterling, VA 20166-2078 USA

CLAIMANT (Payable to)	Date Claim Filed	
Company Name	Claimant's Reference No.	
Address 1	Above and Beyond Freight Bill No.	
Address 2	Please refer to this freight bill number on all correspondence.	
City State Zip	Bill of Lading Date	
Phone	Weight of Shipment	

SHIPPER	CONSIGNEE
Company Name	Company Name
Address 1	Address 1
Address 2	Address 2
City State Zip	City State Zip

STATEMENT OF SHORTAGE OR DAMAGE

No. Pieces	Description of articles, including part number, model number, etc.	Weight Per Item	Price Per Item (USD)	Total (USD)

Total amount claimed: _____ Claim is for: ___ FULL VALUE ___ REPAIR ___ ALLOWANCE

Be sure to attach a Letter of Explanation if there are special circumstances we should know about regarding your claim.

Area for additional comments

THE FOLLOWING DOCUMENTS MUST BE INCLUDED TO PROCESS YOUR CLAIM

For shortage claim, items 1 through 3 are REQUIRED. For damage claim, items 1 through 6 are REQUIRED.

1. Original vendor invoice (proof of purchase cost) or photocopy showing all discounts. (Please include entire invoice.)
2. Legible copy of freight bill or original paid freight bill if available.
3. Original bill of lading or bond of indemnity in lieu thereof.
4. Carrier's inspection report, where copy has been provided.
5. Invoice for repair or reworking, showing breakdown of labor by hour and rate of pay, if available.
6. Invoice for materials purchased to complete repair or reworking, if applicable.

NOTE: In the case of non-delivery or shortage, it will speed conclusion if claim includes a signed statement from the consignee certifying the goods claimed short have never been received from any source and further, notification will be given to the carrier to whom this claim was presented in the event said goods are ever received in the future. **All claims must be filed no more than 9 months from date of shipment.**

The claimant certifies the foregoing to be correct, and agrees to indemnify carrier against loss in the event the original Bill of Lading or the original freight bill are not submitted.

SIGNATURE OF CLAIMANT _____

PRINT NAME _____

THE ABOVE FORM MUST BE ENTIRELY COMPLETED FOR CLAIM TO BE PROCESSED.