



FREIGHTHAWK XPRESS LLC

CLAIM FILED BY

Company Name	Claimant's Claim No.	Date Prepared
Address or PO Box Number	Freight Bill No.	Freight Bill Date
City, State, Zip	Claim is for ___LOSS ___DAMAGE	Total Amount of Claim \$

SHIPMENT

Consignee	Destination
Shipper	Origin
Total No. Pieces in Shipment	Total Weight of Shipment

DETAILS OF CLAIM SHOW HOW AMOUNT OF CLAIM IS DETERMINED

No. Pieces	Description of Articles	Amount
TOTAL		\$

DOCUMENTS NEEDED IN SUPPORT OF YOUR CLAIM

LOSS

- ___ Original or copy of paid freight bill
- ___ Original invoice or certified copy

DAMAGE

- ___ Original or copy of paid freight bill
- ___ Carrier's Inspection Report (if inspected)
- ___ Original invoice or certified copy
- ___ Repair bill or certified copy (if repaired)
Showing material used & labor rate per hour

NOTE: To expedite the handling of your claim please include the above mentioned documents as your claim WILL NOT BE PROCESSED until properly supported.

Claimant's Signature _____ Date: _____