Standard Form for Presentation of Loss/Damage Claim

Claim Preparation Instructions:

Most of the information required will be entered by Sunset on the claimant's behalf.
Below are the key items which the claimant must fill out/ provided.
Upon completion, scan or fax documents to Pam Thomas at pamt@sunsettrans.com or 314-849-8242.

Date: _____

Claimant: _____ (1)
% Sunset Transportation
11406 Gravois Road
St. Louis, MO 63126

This claim for $_____ (2) is made against your company for: ☐ Loss ☐ Damage involving the following shipment:

To: (Carrier) _____ (3)

Address: _____

City/State/Zip: _____

Carrier Pro # _____ (4)

Ship Date _____ (5)

Shipper Name_____ Consignee Name _____

Address _____ Address _____

City/State/Zip_____ City/State/Zip _____

Replacement Shipment or Reconsignment particulars and pro:

_____

Detailed statement showing how claim amount is determined. Include number and description of articles, nature and extent of loss and damage, invoice cost of articles, amount of claim. (6)

_____
_____
_____

Total $ Amount Claimed: _____ (7)

The following documents are submitted in support of this claim:

☐ Original Bill of Lading ☐ Original Paid Freight Bill
☐ Signed Delivery Receipt ☐ Original Vendor Invoice ☐ Other

Comments:_____ (8)

Preparer's Name: _____ Number: _____ Fax: _____

Signature _____ Date: _____