

## LOSS AND DAMAGE CLAIM FORM

This claim is made against the carrier named below for ( ) loss ( ) damage to the shipment below:

**DATE:**

**CLAIMANT: C.H. Robinson Worldwide, Inc. (CHRLTL)**

**FILING ON BEHALF OF:**

**REMIT ALL CORRESPONDENCE TO:**

**14800 Charlson Rd Suite 1000, Eden Prairie, MN 55347**

**CHR CLAIM NO:**

**CHR LOAD NO:**

**CUSTOMER REFERENCE NO:**

**SHIPPER:**

**ADDRESS:**

port wentworth, GA 31407

**CONSIGNEE:**

**ADDRESS:**

SAN DIEGO, CA 92154

**CURRENT LOCATION OF FREIGHT:** ( ) Shipper ( ) Consignee ( ) Other: \_\_\_\_\_

**CONTACT NAME AND PHONE NUMBER** (for possible inspection of damaged freight, if shortage leave blank):

**CARRIER:**

**PRO #:**

**PLEASE LINE ITEM EACH CHARGE, ITS WEIGHT,  
AND DESCRIBE HOW THE AMOUNT WAS DETERMINED**

**DESCRIPTION OF COMMODITY:**

**BREAKDOWN OF CLAIMED ITEMS:**

**TOTAL WEIGHT OF ITEMS BEING CLAIMED:** 52 lbs

**FREIGHT CHARGES:**

**ORGINIAL \$**

**REPLACEMENT \$**

**TOTAL AMOUNT CLAIMED** (IN USD UNLESS OTHERWISE NOTED) **\$**

**THE FOLLOWING DOCUMENTS ARE INCLUDED IN SUPPORT OF THIS CLAIM\***

- ( ) 1. ORIGINAL BILL OF LADING, IF NOT PREVIOUSLY SURRENDERED TO CARRIER.
- ( ) 2. ORIGINAL PAID FREIGHT ("EXPENSE") BILL.
- ( ) 3. ORIGINAL INVOICE OR CERTIFIED COPY.
- ( ) 4. ANY OTHER DOCUMENTS INCLUDING PICTURES

THE FORGOING STATEMENT OF FACTS IS HEREBY CERTIFIED TO AS CORRECT.

\*WHEN FOR ANY REASON IT IS IMPOSSIBLE FOR CLAIMANT TO PRODUCE ORIGINAL BILL OF LADING, OR PAID FREIGHT BILL, CLAIMANT SHOULD INDEMNIFY CARRIER OR CARRIERS AGAINST DUPLICATE CLAIM SUPPORTED BY ORIGINAL DOCUMENTS.

Melissa Brown

Claimant Signature