

# UNIVERSAL TRANSPORTATION SERVICES

P: (818) 955 – 7644; F: (818) 843 – 2514

P.O. Box 1276, Burbank, CA 91505

Form for Presentation  
of Loss or Damage Claim

C l a i m a n t	Company Name		UTS Freight Bill No.	
	Contact Name		Claimants Ref. No.	
	Address City, State Zip Code		Claim Date	
			Pickup Date	
Phone/Fax No.		Delivery Date		

S h i p p e r	Company Name		C o n s i g n e  (if different from Claimant above)	Company Name	
	Address City, State Zip Code			Address City, State Zip Code	
	Phone No.			Phone No.	
	Fax No.			Fax No.	

No. Pcs.	Description of Damaged or Lost Items, Including Model or Item No.'s, etc.	Claim Amount
<b>Total Amount Claimed</b>		

**In Order To Process Your Claim, The Following Documents Must Be Included (Attached):**

1. Entirety of the original or a photocopy of the vendor's invoice (proof of purchase cost) showing all discounts.
2. Legible copy of freight bill or original paid 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 of materials purchased to complete the repair, if applicable.

The claimant certifies that the above information is correct and agrees to indemnify the forwarder against all loss in the event the original Bill of Lading and/or Freight Bill are not submitted.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date (dd/mm/yyyy)