

**PEI LOGISTICS
LOSS AND DAMAGE CLAIM FORM**

DATE: _____

CLAIMANT REF# _____

PEI CONTROL# _____

THIS CLAIM IN THE AMOUNT OF _____ IS BEING MADE AGAINST PEI BY
_____ FOR LOSS/DAMAGE IN CONNECTION WITH THE FOLLOWING SHIPMENT.

SHIPPER: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 CONTACT: _____
 TELEPHONE: _____
 FAX: _____
 EMAIL: _____

CONSIGNEE: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 CONTACT: _____
 TELEPHONE: _____
 FAX: _____
 EMAIL: _____

DETAILED STATEMENT SHOWING HOW CLAIMED AMOUNT IS DETERMINED. (NUMBER & DESCRIPTION OF ARTICLES & EXTENT OF LOSS OR DAMAGE, INVOICE PRICES, CLAIM AMOUNT, ETC...)

DESCRIPTION	DOLLAR AMOUNT
TOTAL AMOUNT OF CLAIM	

IN ADDITION TO THE INFORMATION GIVEN ABOVE, PLEASE SUBMIT THE FOLLOWING DOCUMENTS IN SUPPORT OF THIS CLAIM. PLEASE INDICATE DOCUMENTS ENCLOSED WITH A CHECK MARK

- _____ 1. ORIGINAL BILL OF LADING.
- _____ 2. ORIGINAL INVOICE FOR COST OF GOODS SHIPPED.
- _____ 3. REPAIR OR REPLACEMENT ESTIMATES/INVOICES.
- _____ 4. ORIGINAL PAID FREIGHT BILL.
- _____ 5. OTHER DOCUMENTS OBTAINABLE IN PROOF OF LOSS OR DAMAGE CLAIMS.

REMARKS:

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED TO BE CORRECT AND TRUE:

CLAIM PAYABLE TO _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 CONTACT: _____
 TELEPHONE: _____
 FAX: _____
 EMAIL: _____

 SIGNATURE OF CLAIMANT DATE