

**EMAIL OR FAX CLAIM TO:**

CENTRAL TRANSPORT  
ATTN: CLAIMS DEPARTMENT  
12225 STEPHENS ROAD, WARREN, MI 48089

FAX: (586) 467-1756 EMAIL: [CS.CLAIMS@CENTRALTRANSPORT.COM](mailto:CS.CLAIMS@CENTRALTRANSPORT.COM)

For updates, or to check the status of your claim, please visit [centraltransport.com](http://centraltransport.com)

**CARGO LOSS & DAMAGE CLAIM**



**SHIPMENT DETAILS FOR WHICH CLAIM IS BEING FILED**

CLAIM FILED BY \_\_\_\_\_ DATE: \_\_\_\_\_

CLAIMANT: \_\_\_\_\_

CLAIMANT'S REFERENCE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

IF CLAIMANT IS 3<sup>RD</sup> PARTY OR NOT LISTED ON BILL OF LADING, CLAIMANT IS REPRESENTING: \_\_\_\_\_  
(COMPANY NAME)

SHIPPER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BILL OF LADING #/BOL DATE: \_\_\_\_\_

CONSIGNEE'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF DELIVERY: \_\_\_\_\_

**PRO # (Required)**

**The following information is REQUIRED. Claims received without proper support are subject to denial.**

**Evidence of Paid Freight Charges:** In addition to your account with Central being current and up to date, all freight charges associated with the shipment in question must be paid prior to filing a claim.

**Verification of Cost:**

- SHIPPER: Document of manufacturer cost
- CONSIGNEE: Copy of original invoice for claimed items
- 3<sup>rd</sup> Party: Cost of goods as billed to represented customer, or documentation of manufacturing cost

**INSPECTION:**

Damage Claims over \$500 require an inspection. A copy of the inspection **MUST** be presented with claim presentation. Claims over \$5,000 require a joint 3<sup>rd</sup> party inspection. To request an inspection, contact [freightinspections@centraltransport.com](mailto:freightinspections@centraltransport.com) or fax 586-819-0023.

**Proof of Loss:**

- IF DELIVERED: COPY OF DELIVERY RECEIPT
- IF NOT DELIVERED: Copy of Bill of Lading

**TYPE OF CLAIM (CHECK ONE):**

- Complete Shortage     Noted Damage     Damage and Shortage     Partial Shortage     Concealed Damage     Other, Explain:

**DETAILED DESCRIPTION OF MATERIAL BEING CLAIMED**

# OF PIECES	DESCRIPTION OF MATERIAL	TOTAL WEIGHT AFFECTED	UNIT COST PER PIECE	AMOUNT OF CLAIM
	New <input type="checkbox"/> Used <input type="checkbox"/>			
	New <input type="checkbox"/> Used <input type="checkbox"/>			
	New <input type="checkbox"/> Used <input type="checkbox"/>			
	New <input type="checkbox"/> Used <input type="checkbox"/>			
	New <input type="checkbox"/> Used <input type="checkbox"/>			
			<b>TOTAL CLAIM =</b>	

Please refer to our CTII 100 Rules Tariff for any limitations of liability. Certain commodities in the NMFC may also carry reduced liability limits. All claims must be filed within 9 months unless further restrictions apply.

Claimant's Signature \_\_\_\_\_ X \_\_\_\_\_

**-DEPARTMENT USE ONLY-**

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

4.) \_\_\_\_\_ 5.) \_\_\_\_\_ 6.) \_\_\_\_\_