

# STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

**Mail to:**  
[Transportation Management Solutions, Inc.](http://www.tms-transportation.com)  
**Attn: Cargo Claims**  
 18450 Pines Blvd, Suite203  
 Pembroke Pines, FL 33029  
[claims@tms-transportation.com](mailto:claims@tms-transportation.com)

OR

**Fax to:**  
**954-433-4455**

**(DO NOT MAIL ORIGINALS IF FAXED)**

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Your File Reference)

\_\_\_\_\_ (Carrier's Freight Bill Number)

This claim is for:  **Damage**     **Loss**

_____ (Shipper's Name)	_____ (Consignee's Name)
_____ (Point Shipped From)	_____ (Final Destination)
_____ (Date of Bill of Lading)	

**DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED**  
 (Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claims, etc.)  
**(ALL DISCOUNTS AND ALLOWANCES MUST BE SHOWN.)**

<b>TOTAL AMOUNT CLAIMED</b>	

The following documents are submitted in support of this claim:

- |   |   |
|---|---|
| <input type="checkbox"/> Original Bill of Lading                        | <input type="checkbox"/> Complete invoice or copy showing cost of goods |
| <input type="checkbox"/> Document bearing notation of loss or damage    | <input type="checkbox"/> Other: _____                                   |
| <input type="checkbox"/> Photos showing extent of damages if applicable | _____   |

\_\_\_\_\_ (Your Company Name)

\_\_\_\_\_ (Street Address or Post Office Box)

\_\_\_\_\_ (City, State, Zip)

\_\_\_\_\_ (Your Name)

\_\_\_\_\_ (Signature)                      (Date)

\_\_\_\_\_ (Your Email Address)                      (Your Phone)

Please add any comments in the space below: