



## Freight Claim Report

**SEND, FAX, OR EMAIL TO:**

TEK Transportation, Inc.  
 25 Eldredge Street  
 Mount Clemens, MI 48043  
 Fax: 586-465-4140

**Claimants Number**

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**Date**

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**Carriers Pro Number**

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**Pro Date**

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**Claim for:**    **Shortage:** \_\_\_\_\_    **Damage:** \_\_\_\_\_    **Other:** \_\_\_\_\_

Claimant	
Company Name:	
Street Address:	
City/State/Zip:	
Phone Number:	
Fax Number:	
Email Address:	
Representatives Name:	
Shipper Name & Address	Consignee Name & Address

### Statement of Shortage or Damage

Number of Pieces	Description of Articles (Include markings, model numbers, and packaging)	Amount Claimed
<b>Total Amount Claimed:</b>		

Claimant Signature: \_\_\_\_\_

All claims must be filed within forty-five (45) days, unless restrictions apply.  
 For Prompt Service, please provide the following documents.

<p><b>EVIDENCE OF PAID FREIGHT CHARGES</b>          All freight charges associated with the shipment in question must be paid prior to any claim filing.</p>	<p><b>INSPECTION</b>          Damage Claims over \$500 require joint inspection. A copy of the inspection must be presented with the claim inspection. TEK Transportation, Inc. must be contacted for inspection agreements.</p>
<p><b>VERIFICATION OF CODE</b>          SHIPPER: Documentation of original cost          CONSIGNEE: Copy of invoice for shipment</p>	<p><b>PROOF OF LOSS</b>          IF DELIVERED: Copy of Delivery Receipt          IF NOT DELIVERED: Copy of Bill of Lading</p>
<p><b>Prior to filing a claim please refer to the contract located on the back of the TEK Transportation, Inc. bill of lading and reference line item 3.</b></p>	