

Office Use Only:

# CARGO LOSS & DAMAGE CLAIM

**Date:** \_\_\_\_\_ **Via :** \_\_\_\_\_ **To:** \_\_\_\_\_

Please fill in the information below. It is important when filling out the claim form all information is accurate and complete.

JUSTO REFERENCE NUMBER: \_\_\_\_\_ DELIVERY DATE: \_\_\_\_\_

**SHIPPER INFORMATION:**

Manufacture Name: \_\_\_\_\_ Reference Number: \_\_\_\_\_

Showroom Name: \_\_\_\_\_ Date Of Purchase: \_\_\_\_\_

Store Name: \_\_\_\_\_ Used Merchandise

Purchase Value \$ \_\_\_\_\_ New Merchandise

Please submit purchase or sales order receipt:

**CONSIGNEE INFORMATION:**

Designer: \_\_\_\_\_ S/M: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Refused: \_\_\_\_\_

Address: \_\_\_\_\_ Accepted: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Shortage: \_\_\_\_\_

Phone #: \_\_\_\_\_ Damaged: \_\_\_\_\_

**Note:** Claim must be supported with sufficient documentation. Failure to include evidence may delay or terminate claim process. Claims may take as long as thirty days to complete process.

**Documentation of transportation with loss damage noted:**

Copy of freight bill of lading

**Documentation of value/amount claimed:**

Complete vendor invoice or photocopy showing all discounts

Repair estimate or photocopy showing hours to repair, labor rate & material cost.

**Other documents of evidence that support claim:**

Inspection reports

Additional statement letter attach.

**Other Discrepancy:**

Explain discrepancy: \_\_\_\_\_

**Before claim can be approved, written estimates must be submitted.**

Repair Co. \_\_\_\_\_

Address: \_\_\_\_\_ Estimate \$ \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The following information of facts is true and certified as correct.

Claimant's Name: \_\_\_\_\_

Print

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

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

**JUSTO BLANKET WRAP DELIVERY SERVICE**

3300 Keller Street, #101 Santa Clara, Ca. 95054