



FREIGHT LINES, INC.
SERVING OREGON SINCE 1922

CARGO LOSS & DAMAGE CLAIM FORM

Claimant Name (Payable To)	Claimant Reference Number	Date Prepared
Mailing Address	TP Pro Number	Claim Type ____Shortage _____Damage
City, State, Zip Code	Contact Name	Contact Email Address
Remit to Address (if different than above)		Contact Phone Number

Claim is made with T P Freight Lines, Inc. on the following described

Consignee	City, State, Zip Code
Shipper	City, State, Zip Code

DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM IS DETERMINED

Quantity	Description/Part Number	Wt. per item	Cost per item	Extended Total

DOCUMENTS REQUIRED IN SUPPORT OF YOUR CLAIM:

- Original invoice or certified copy showing pieces
- Repair bill or certified copy (if repaired) showing material used & labor rate per hour
- Additional documents (photos, statements, etc.) Do not fax pictures – email them and reference pro number to Lisa McNabb (lmcnabb@tpfreight.net)
- Weight of item(s) claimed

NOTE:
To expedite the handling of your claim, please include the above mentioned documents as your **CLAIM WILL NOT BE PROCESSED** until properly supported

*All claims must be filed no more than 9 months from the date of delivery. **CLAIMS FILED AFTER THIS PERIOD WILL NOT BE ACCEPTED**

*Please email completed claim form and documents to Lisa McNabb (lmcnabb@tpfreight.net)