

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

TEL. 800-788-4534 FAX 214-260-8492

DATE: _____

Email Claims to: claims@awest.com

PRO # _____

This claim for \$ _____ is made against American West for ___SHORTAGE ___DAMAGE in connection with the following described shipment:

SHIPPER'S NAME

CONSIGNEE'S NAME

CITY SHIPPED FROM

FINAL DESTINATION

DATE OF BILL OF LADING

DELIVERING CARRIER

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED (number and description of articles, nature & extent of loss or damage, MANUFACTURER'S COST of articles, amount of claim, etc. – ALL DISCOUNT AND ALLOWANCES MUST BE SHOWN

TOTAL AMOUNT OF CLAIM _____

The following documents are **REQUIRED** in support of this claim:

**ORIGINAL BILL OF LADING
BILL**

ORIGINAL INVOICE

ORIGINAL PAID FREIGHT

INVOICE AT MANUFACTURERS COST

DETAILED REPAIR INVOICE

PROOF OF DELIVERY

INSPECTION REPORT (if applicable)

(NOTE: ALL damage claims MUST be accompanied by PHOTOS of ITEMS and PACKAGING to support the claim. The absence of any document called for in connection with this claim must be explained. When impossible for claimants to produce original bill of lading, or PAID freight bill, a bond of indemnity must be given to protect American West against duplicate claims supported by original documents.

THE FOREGOING STATEMENTS OF FACTS ARE HEREBY CERTIFIED AS CORRECT.

COMPANY NAME

CLAIMANTS NAME

ADDRESS

SIGNATURE

DATE

PHONE

EMAIL ADDRESS