



STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

Sutton Transport
Attention: Freight Claims
PO Box 378
Schofield, WI 54476
Phone: 715-359-5893
Fax: 715-359-3062
Email: samantha@suttontrans.com

Sutton Pro: _____
Pick-up Date: _____
Delivery Date: _____
Internal Use
Claim ID: _____
Date: _____

Claimant Information

Company: _____ Contact Name: _____
Address: _____ Telephone: _____
_____ Fax: _____
Claimant ID #: _____ Email: _____

Shipment Information

Shipper: _____ City & State: _____
Consignee: _____ City & State: _____

Claim Information

o Noted Damage Damaged goods can be used for an allowance of: _____
o Concealed Damage Damaged goods can be repaired for: _____
o Shortage Damaged goods are available for carrier pickup: _____
o Other _____ Damaged goods are unavailable : _____

Detailed description of how claim amount has been determined. Please include quantity and description of articles, nature and extend of loss, invoice cost of articles, amount of claim, etc.

Total Claim Amount \$ _____

Supporting Documentation

o Original Vendor Invoice showing the cost of the product (REQUIRED - This is not the invoice from Sutton Transport for the freight charges)
o Repair Invoice (If applicable)
o Record of discounted sale (If applicable)
o Inspection Report (If applicable)
o Photographs (Please do not fax)

Claim Prepared by

Print Name Signature Phone/Email Date