



- 1600 Janesville Avenue
- Fort Atkinson, WI 53538
- Phone: 920-563-0810 or 800-788-3678
- Fax: 920-563-0813

Steps to Help Streamline Your Freight Claim Settlement

Provided is the claim form you requested. We will make every effort to settle your claim in a fair and timely manner. Claims will be handled using standard guidelines and rules:

1. National Motor Freight Classification series, Principles and Practices for the Investigation and Disposition of Freight Claims.
2. Refer to the FORT Rules Tariff for liability limitations.
3. When the claimant is responsible for freight charges, they must be satisfied prior to the claim being finalized.
4. Claims must be filed within 9 months from the date of delivery.
5. Concealed damage should be reported within 15 days from the date of delivery. This can be done by phone, but should always be confirmed in writing. Once reported, liability will be determined by our investigation.
6. Salvage Retention – It is the duty of the consignee to retain damaged merchandise and shipping container until the investigation of the claim is completed. It is likewise the duty of the claimant, where there is substantial value in the salvage, to accept and handle it in such a manner as to mitigate the claimed loss as much as possible either through repair or discounted sales.
7. Damage – Claimed damage must be inspected or the inspection waived by the carrier. To arrange for an inspection or obtain waiver documents, please call 800-788-3678
8. Shortage – This claim filing certifies that the above shortage has not been received and it is agreed that if the claim is paid and the shortage subsequently received, the amount will be voluntarily refunded.

Documents Required to File Your Claim:

1. Signed Claim Form
2. Copy of Freight Bill
3. Delivery Receipt
4. Complete Vendor's Invoice
5. Replacement Parts Invoice (if applicable)
6. Inspection or Waiver of Inspection (if applicable)

Please send all completed claims to:

- FORTTRANS
- 1600 Janesville Avenue
- Fort Atkinson, WI 53538
- Phone: 920-563-0810 or 800-788-3678
- Fax: 920-563-0813
- www.shipwithfortrans.com

Please contact our office if you have not received an acknowledgment letter after 30 days of filing your claim.



1600 Janesville Avenue
 Fort Atkinson, WI 53538
 Telephone 1-800-788-3678
 FAX 1-920-563-0813

Claim Form Loss and Damage

TO:	Date:
	Claimant's (Filer's) Claim Number:
	Freight Bill Number:

This claim for \$ _____ is made against your company for Damage Shortage
 in connection with the following described shipment:

Shipper's Name:	Consignee's Name:
Point Shipped From:	Final Destination:

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc. All Discount and Allowances must be shown.

Qty	Item #	Description	Invoice Cost
NMFC Item No. of commodity lost or damaged:			Total Amount Claimed:

RETAIN SALVAGE AND ADVISE SALVAGE CONTACT NAME, PHONE NUMBER, AND FAX NUMBER: _____

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:

- Original invoice or certified copy.
- Carrier's Inspection Report Form (concealed loss or damage).
- Other particulars obtainable in proof of loss or damage claimed: _____

Remarks: _____

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED AS CORRECT.

Company Name:	Contact:	Email Address:
Mailing Address:	Phone Number:	Fax Number:
City:	State:	Zip: