



P.O. Box 2303 / Grapevine, TX 76099 / (817) 424-4400 / Fax (817) 442-9608

LOSS OR DAMAGE CLAIM-PRESENTATION

NAME OF CLAIMANT _____ DATE PRESENTED _____

ADDRESS _____ CLAIMANT NO. _____

CITY, STATE, ZIP _____ CLAIMANT PHONE _____

ALL CLAIMS WILL BE PAID TO CHALLENGER'S CUSTOMER UNLESS OTHERWISE REQUESTED IN WRITING

THIS CLAIM IS IN CONNECTION WITH THE FOLLOWING DESCRIBED SHIPMENT:

CFS FREIGHT BILL # _____	SALVAGE AVAILABLE _____
TOTAL \$ AMOUNT CLAIMED _____	DAMAGE <input style="width: 50px; height: 15px;" type="text"/>
SHIPPER _____	SHORTAGE <input style="width: 50px; height: 15px;" type="text"/>
CONSIGNEE _____	# OF PIECES _____

STATEMENT OF LOSS OR DAMAGES-PLEASE PROVIDE DETAILED DESCRIPTION OF SHORTAGE OR DAMAGES BELOW:

TO OUR CUSTOMERS:

IN ORDER TO PROVIDE YOU WITH THE BEST POSSIBLE CLAIM SERVICE, PLEASE SUBMIT THE FOLLOWING WITH YOUR CLAIM:

1. SHIPPER'S ORIGINAL INVOICE OR CERTIFIED COPY SHOWING ALL DISCOUNTS
2. ORIGINAL CFS HOUSE BILL
3. INVOICE FOR REPAIR OR REPLACEMENT (INCLUDING MATERIALS)
4. PROOF OF SALVAGE VALUE (IF ANY)
5. COMPLETED INSPECTION REPORT FOR DAMAGES IF APPLICABLE.

PLEASE NOTE THAT ALL CUSTOMERS HAVE 12 BUSINESS DAYS FROM DELIVERY DATE TO NOTIFY CHALLENGER FREIGHT OF INTENT TO FILE A CLAIM ON ANY SHIPMENT. ALL CLAIMS MUST BE FILED WITHIN 180 CALENDAR DAYS OF DELIVERY OF SHIPMENT. ALL ORIGINAL INVOICES FOR CLAIM SHIPMENTS MUST BE PAID IN FULL BEFORE ANY CLAIM WILL BE ENTERTAINED OR CONSIDERED FOR PAYMENT.

CLAIMS MAY BE FAXED TO 817-442-9608, MAILED TO P.O. BOX 2303, GRAPEVINE, TX 76099-2303 OR E-MAILED TO lmccarter@challengerfreight.com

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED CORRECT:

_____ (signature of claimant & date)