

**DDP CLAIM FORM FOR LOSS OR DAMAGE CLAIMS**

**Dedicated Delivery Pro's**

(Name of Carrier)

**10215 Painter Ave**

(Street Address)

**Santa Fe Springs, CA 90670**

(City, State)

(Date Claim Filed)

(Claimant's Name)

(Carrier's Number)

This claim for \$ \_\_\_\_\_, is made against your company for \_\_\_\_\_ Damage \_\_\_\_\_ Loss in connection with the following described shipment

(Shippers name)	(Consignee's name)
(Point shipped from - City, State & Zip)	(Final destination)
(Name of Carrier leaving BOL)	(Name of delivering carrier)
(Date of BOL)	(Date of delivery)
(Routing of shipment)	(Delivering carrier's freight bill Number)

If shipment reconsigned on route, state particulars:

If shipment moved from warehouse or distributing point, indicate name of initial shipper and point of origin, and, if known, name of prior carrier(s) and prior billing reference:

**DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED**

Number and description of articles, nature and extent of loss or damage, Raw cost of articles, amount of claim, etc. all discount and allowances **MUST BE SHOWN.**

	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Amount Claimed</b>	<b>\$</b>

The following documents are submitted in support of this claim

- |   |  |
|---|--|
| <input type="checkbox"/> Original BOL   | <input type="checkbox"/> Original invoice or certified copy                          |
| <input type="checkbox"/> Carrier's Inspection Report Form (concealed loss or damage)  | <input type="checkbox"/> Shipper's concealed loss or damage form                     |
| <input type="checkbox"/> Consignee concealed loss or damage form  | <input type="checkbox"/> Other particulars obtained on proof of loss or damage claim |
| <input type="checkbox"/> Original paid freight bill or other carrier document bearing notation of loss or damage if not shown on freight bill |  |

Copy of original invoice,

(note: The absence of any document called for in connection with this claim must be explained. When impossible for claimant to produce original BOL or paid freight bill, a bond of indemnity must be given to protect carrier against duplication claim support by documents)

Remarks:

The foregoing statement of facts is hereby certified as correct.

(Signature & Print Last Name)

(Address, City & State)

(Department & Contact Phone #)

Concealed Damage & all damage **MUST BE REPORTED** to DDP within 72 business hours of shipment being delivered

All original packaging, paperwork and product must be available for inspection and removal by DDP

DDP is **NOT RESPONSIBLE** for any damage not reported within 72 hours of delivery receipt

DDP is not **RESPONSIBLE** for any Loss or Damage report after 9 months from the ship date

DDP will complete claim within 45 days of receipt of claim

DDP is only liable for \$ 100.00 per shipment for any delivery without declared value unless previously stated in writing from authorized DDP personnel