



STATEMENT OF CLAIM

CRST Specialized Solutions

PO Box 80520 Fort Wayne, IN 46898

Phone: (260) 459-8335

Email: fwasticlaims@crst.com

Claimant Company Name		
Contact Name		
Mailing Address		
City	State	Zip
Phone number		
Email		

Contract #	Claimant's Reference #	Weight of damaged or missing portion

This claim is made for: Damage
 Concealed Damage
 Shortage
 Delay

ARTICLE	DESCRIPTION OF DAMAGE OR SHORTAGE	INVOICE COST	AMOUNT CLAIMED
		TOTAL	\$

In addition to the information stated above, the following documents are submitted in support of my claim:

- 1. Copy of the bill of lading and inventory.
- 2. Copy of paid freight bill.
- 3. Original or certified copy of purchase invoice.
- 4. Document to support weight(s) of damage/missing article(s)
- 5. Documents to support repair cost
- 6. Photos of the damaged article(s), please e-mail or mail, showing the overview of item(s) damaged and the specific area of damage.

Please explain the absence of any of the documents called for in connection with your claim:

FAILURE TO SUBMIT THE PROPER DOCUMENTS TO SUPPORT YOUR CLAIM MAY RESULT IN A DELAY/DENIAL OF YOUR CLAIM. AS A CONDITION PRECEDENT TO RECOVERY A CLAIM MUST BE FILED IN WRITING WITHIN NINE MONTHS AFTER DELIVERY.

I certify that the statements made above and the documents attached are true and correct, constituting the complete and entire claim and that no material information has been withheld from the carrier.

Signature of claimant

Printed Name

Date