



6861 Watcher Street, Commerce, CA 90040

Phone: (562) 912-1898
 Fax: (562) 806-7309
 loads@commercecarriers.com

CLAIM FILED BY

Company Name		Claimant's Claim No.	Date Prepared
Address		Commerce Carriers Freight Bill No.	Freight Bill Date
City, State, Zip			Date of Delivery
Phone Number	Fax Number	Claim is For: LOSS <input type="checkbox"/> DAMAGE <input type="checkbox"/>	Total Amount of Claim:

CLAIM IS MADE WITH COMMERCE CARRIERS ON THE FOLLOWING DESCRIBED SHIPMENT:

Consignee	Destination
Shipper	Origin
Total No. of Pieces in Shipment	Total Weight of Shipment

DETAILS OF CLAIM SHOW HOW AMOUNT OF CLAIM IS DETERMINED

No. Pieces	Description of Articles	Amount
TOTAL		

DOCUMENTS NEEDED IN SUPPORT OF YOUR CLAIM

LOSS:	DAMAGE:
<input type="checkbox"/> Original or copy of paid freight bill	<input type="checkbox"/> Original or copy of paid freight bill
<input type="checkbox"/> Original invoice or certified copy	<input type="checkbox"/> Carrier's inspection report (if inspected)
	<input type="checkbox"/> Original invoice or certified copy
	<input type="checkbox"/> Repair bill or certified copy (if repaired) showing material used & labor rate per hour

NOTE:

To expedite the handling of your claim please included the above mentioned documents as your claim **WILL NOT BE PROCESSED** until properly supported.

Claimant's Signature: _____

Print Name _____