



LTL CLAIM FORM

REV. 1-24-14

SEND TO:

MAGNUM LTL
PO BOX 2023
FARGO, ND 58107-2023
PH: 1-800-726-8952
FAX: 701-297-6320

Claimant: _____

Address: _____

City/State _____

Claimant's claim #: _____

THE CLAIM IN THE AMOUNT OF \$ _____ IS HEREBY FILED
AGAINST MAGNUM LTL FOR _____ SHORTAGE, _____ DAMAGE, _____ CONCEALED DAMAGE
_____ OTHER IN CONNECTION WITH THE SHIPMENT BELOW.

Consignee: _____

Shipper: _____

Destination: _____

Origin: _____

Delivery Date: _____

Ship Date: _____

Freight Bill #: _____

Bill of Lading #: _____

The claim must be supported by a detailed statement showing how the above amount was determined.

Note: It is the duty of the consignee to retain damaged merchandise and its 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.

At minimum, the claim must be supported by one document from each of the following categories. Failure to include sufficient documentation will delay processing of the claim.

Documentation of transportation contract:
____ Copy of bill of lading
____ Copy of freight bill

Documentation that loss or damage occurred:
____ Noted consignee copy of freight bill
____ Inspection Report

Documentation of value / amount of claim:
____ Original invoice or photo copy
____ Original repair invoice or photocopy
____ Record of discount sale

Other documents to support claim:

Remarks: _____

Claimant's Name: _____

Date: _____

Claimant's Signature: _____

Telephone #: _____