



# 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 #: \_\_\_\_\_