



LTL CLAIM FORM

SEND TO:

Magnum LTL
 Po Box 2023
 Fargo, ND 58107-2023
 1-800-726-8952
 Fax: 701-297-6320

EMAIL IMAGES TO:
 ltl_claims@magnumlog.com

Claimant: _____**Address:** _____**City, State:** _____**Claimant's claim #:** _____

THE CLAIM IN THE AMOUNT OF \$ _____ IS HEREBY FILED AGAINST MAGNUM LTL FOR (PLEASE SELECT 1)
 _____ SHORTAGE _____ DAMAGE _____ CONCEALED DAMAGED _____ OTHER DAMAGE
 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 AND IMAGES SHOWING HOW THE ABOVE AMOUNT WAS DETERMINED.

Note: It is the duty of the consignee to retain damaged merchandise and it's shipping container until the investigation of the claim is completed. It is likewise the duty of the claimant, where the 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 of value/amount of claim:

- _____ Original/Copy of Invoice
- _____ Original/Copy of Repair Invoice
- _____ Record of Discount Sale

Documentation that loss or damage occurred:

- _____ Noted Consignee Copy of Freight Bill
- _____ Inspection Report

Other Documents to Support Claim

Other Notes: _____**Claimant Signature:** _____**Date:** _____**Claimants Email:** _____**Phone:** _____