

CARGO LOSS & DAMAGE CLAIM

SEND OR FAX CLAIM TO:

Superior Express, Inc.
 1700 North Eleventh Street
 Saint Louis, Missouri 63106
 Fax: (314) 621-4782

* IF YOU FAX YOUR CLAIM, PLEASE DO NOT SEND A COPY BY MAIL.

MAKE CHECK PAYABLE TO:

CLAIMANT (PLEASE PRINT)

ADDRESS

CITY STATE ZIP CODE

CLAIMANT'S NAME (PLEASE PRINT)		DATE	
YOUR REFERENCE OR CLAIM NO.	CLAIMANT'S TELEPHONE NUMBER	CLAIMANT'S FAX NUMBER	
CLAIMANT'S CORRESPONDENCE ADDRESS	CITY	STATE	ZIP CODE

CLAIM AMOUNT \$	CLAIM FOR <input type="checkbox"/> Shortage <input type="checkbox"/> Damage <input type="checkbox"/> Other (specify):
SHIPPER	CONSIGNEE
ORIGIN	DESTINATION
PRO NO. (IF UNKNOWN, ATTACH A COPY OF THE BILL OF LADING)	PICKUP DATE

BRIEFLY DESCRIBE WHAT THE CLAIM REPRESENTS AND HOW THE CLAIM AMOUNT WAS CALCULATED.

IF THE CLAIM INVOLVES DAMAGED GOODS, PLEASE CHECK ONE OR MORE OF THE FOLLOWING:

Damaged goods can be repaired for approximately \$ _____.

Damaged goods can be used "as is" for an allowance of \$ _____.

Damaged goods are available for carrier pickup.

Damaged goods are unavailable (please explain):

TO AVOID DELAY IN PROCESSING YOUR CLAIM, PLEASE ATTACH THE APPROPRIATE DOCUMENTATION:

Vendor's invoice showing price of lost or damaged goods (including final page).

Consignee's copy of the freight bill bearing loss or damage notations.

Itemized repair bill, if applicable.

Inspection Report, if available.

Superior Express, Inc.
 1700 North Eleventh Street
 Saint Louis, Missouri 63106
 Phone: (314) 621-0999
 Attn: Steven G. Carnish

CLAIMANT'S SIGNATURE

PRINT SIGNATURE