

Loss and Damage Claim Form

This claim is made against Way Services Inc. for damage or loss in connection with the following shipment.

Please select: ☐ Damage ☐ Loss

Date claim is made

Shipper's name

Name of origin company

Name of final destination company

Address of origin point

Address of final destination

PRO Number

Date shipment was tendered

Detailed statement of issue:

Detailed statement of how amount of claim is determined: Number and description of articles, nature and extent of loss or damage, invoice price of articles. All discounts and allowances must be shown:

Claim Amount: _____

It is the responsibility of all parties in the shipping process to share in attempting to mitigate damages. How has the shipper and consignee made a good faith effort to salvage damaged products (unless you consider them to be totally or substantially useless and of no value):

I certify that the foregoing statements of facts is hereby certified correct.

Name of Person Filing Claim

Title

E-mail Address