

# Express Logistics' Loss/Damage Claim Request Form



Please fill out the following:

Request Date:	_____	Carrier:	_____
Customer Name:	_____	Pro No:	_____
Contact:	_____	BOL No:	_____
Email:	_____	Ship Date:	_____
Phone:	_____	Deliver Date:	_____
Fax:	_____		

<b>TYPE</b>	<input type="checkbox"/> <b>Damage</b>	<b>Documents</b>
	Was it refused? _____	<b>Necessary</b>
	Can it be repaired? _____	<b>to Express:</b> <input type="checkbox"/> Original Product Invoice
	<input type="checkbox"/> <b>Concealed Damage</b>	<input type="checkbox"/> Purchase Order
	Can it be repaired? _____	<input type="checkbox"/> Photos (if possible)
	<input type="checkbox"/> <b>Loss</b>	
	<input type="checkbox"/> <b>Concealed Loss</b>	

## PRODUCT

Description:	Qty:	Unit Cost:	Totals:

## REPAIR

Product/Parts:	Qty	Unit Cost:	Totals:

Labor:	Hours	Hourly Rate:	Totals:

**TOTAL:**

Please detail as much of the issue as possible:

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Notes: Keep your packaging & keep any damaged freight if it cannot be repaired

**Return the form to Express Logistics, by:**

Email [support@exp-logistics.com](mailto:support@exp-logistics.com)  
 Fax (877) 842-2270  
 Mail PO Box 628, Waukee, IA 50263