



# CLAIM FORM

SIMPLIFIED FORM FOR PRESENTATION OF LOSS OR DAMAGE CLAIM

**MAIL FORM TO** XPRESS GLOBAL SYSTEMS, 1537 NEW HOPE CHURCH ROAD, TUNNEL HILL, GA 30755

**EMAIL** [xgscargocare@xgsi.com](mailto:xgscargocare@xgsi.com)

SHIPPER

CONSIGNEE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BILL OF LADING #

DATE

PURCHASE ORDER #

DATE

CARRIER PRO #

DATE

THIS CLAIM IN THE AMOUNT OF \$\_\_\_\_\_ IS FILED AGAINST XPRESS GLOBAL

FOR  LOST  DAMAGED  OTHER

**TO THE FOLLOWING DESCRIBED SHIPMENT AND DETAILS OF CLAIM**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### NOTICE

NATIONAL MOTOR FREIGHT CLASSIFICATION #300120: UPON RECEIPT OF CLAIM ACKNOWLEDGEMENT CARRIER WILL PAY/REFUSE PAYMENT OR MAKE A FIRM COMPROMISE OFFER WITHIN 120 DAYS OF RECEIPT OF CLAIM.

ALL FREIGHT CHARGES MUST BE PAID BEFORE CLAIM WILL BE PROCESSED.

### INDEMNITY AGREEMENT

The claimant, by signing below, agrees to protect the carrier and its connections against any additional claim(s) presented under the described shipment. The acceptance of payment acknowledges payment in full.

CLAIMANT'S SIGNATURE

TELEPHONE #

DATE

EMAIL ADDRESS

FAX #

SS # OR TAX ID #

CLAIMANT'S REFERENCE #

MAKE CHECK TO

ADDRESS 1

ADDRESS 2