

PRESENTATION OF SHORTAGE OR DAMAGE FORM

FOR CARRIER USE ONLY

DATE:

This Claim For SHORTAGE is presented to--> DAMAGE

CLAIMANT (Company Name)
 ADDRESS
 CITY & STATE ZIP
 PHONE NUMBER () -
 FAX NUMBER () -
 E-MAIL

CARRIER NAME
 NEMF CARGO CLAIMS
 TERMINAL ADDRESS
 212 BLACK HORSE LANE
 CITY & STATE ZIP
 NORTH BRUNSWICK, NJ 08902

PHONE (732) 940-7000 EXT 223
 FAX (732) 940-7214

CLAIMANT'S REFERENCE NUMBER

RECV TERM SIG/DATE

SHIPPER
 ADDRESS
 CITY & STATE ZIP

CARRIER FREIGHT BILL/PRO # B/L DATE

CONSIGNEE
 ADDRESS
 CITY & STATE ZIP

BE SURE TO ATTACH LETTER OF EXPLANATION IF THERE ARE SPECIAL CIRCUMSTANCES WE SHOULD KNOW ABOUT

\$ AMOUNT CLAIMED
 (CHECK ONE)
 FULL VALUE
 REPAIR
 ALLOWANCE

STATEMENT OF SHORTAGE OR DAMAGE

NO. OF PCS	DESCRIPTION OF ARTICLES, INCLUDING MODEL NO., ETC		
TOTAL AMOUNT CLAIMED . . .		\$	

IMPORTANT NOTE TO OUR CUSTOMERS. THE FOLLOWING DOCUMENTS MUST BE INCLUDED TO PROCESS YOUR CLAIM:

SHORTAGE CLAIMS/ITEM 1 THRU 4

- Complete below Proof of Loss Statement.
- Original vendor's invoice (proof of purchase cost) or photostatic copy showing all discounts (Please include entire invoice).
- Legible copy of freight bill or original paid freight bill if available.
- Original bill of lading or bond of indemnity in lieu thereof.

PROOF OF LOST STATEMENT: If non-delivery or shortage; this is to certify the claimed item(s) () have () have not been received from any source.
 In the event it is received, the undersigned agrees to notify NEMF.

The claimant certifies the foregoing to be correct, and agrees to indemnify the carrier against loss in the event the original Bill of Lading and original freight bill are not submitted.

DAMAGE CLAIMS/ITEM 2 THRU 7

- Carrier's inspection report, where copy has been provided.
- Invoice for repair or reco-opering showing breakdown of labor by hour and rate of pay, if applicable.
- Invoice for materials purchased to complete repair or recoopering, if applicable.

ABOVE MUST BE COMPLETED!

 SIGNATURE OF CLAIMANT

 PRINT NAME