PRESENTATION OF SHORTAGE OR DAMAGE FORM

FOR CARRIER USE ONLY

DATE RECEIVED

DATE:

This Claim For ☐ SHORTAGE ☐ DAMAGE Is Presented to --->

CARRIER NAME
NEMF CARGO CLAIMS

TERMINAL ADDRESS
212 BLACK HORSE LANE

CITY & STATE ZIP
NORTH BRUNSWICK NJ 08902

PHONE: 732-940-7000
FAX: 732-940-7214
EMAIL: CARGOCLAIMS@NEMF.COM

CLAIMANT (Company Name)

ADDRESS

CITY & STATE ZIP

PHONE NUMBER

FAX NUMBER

EMAIL

CLAIMANT'S REFERENCE NUMBER

CARRIER FREIGHT BILL/PRO#

B/L DATE

SHIPPER

ADDRESS

CITY & STATE ZIP

CONSIGNEE

ADDRESS

CITY & STATE ZIP

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

STATEMENT OF SHORTAGE OR DAMAGE

NO. OF PCS	DESCRIPTION OF ARTICLES, INCLUDING MODEL NO., ETC	$ AMOUNT CLAIMED (CHECK ONE) ☐ FULL VALUE ☐ REPAIR ☐ ALLOWANCE	
	TOTAL AMOUNT CLAIMED	**$**	

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

SHORTAGE CLAIMS/ITEMS 1 THRU 4

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

DAMAGE CLAIMS/ITEMS 2 THRU 7

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

PROOF OF LOSS STATEMENT: If non-delivery or shortage; this is to clarify the claimed item(s) ☐ have ☐ have not been received from any other 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.

ABOVE MUST BE COMPLETED!

SIGNATURE OF CLAIMANT

PRINT NAME