

Loss and Damage Claim Form



Claimant Reference No: _____

Presentation Date: _____

Claim is hereby filed for _____ in connection with the shipment described below. (*Shortage, damage, wet freight, service failure, accident, POD, etc.*)

Claimant Contact Information

Claimant CO. Name: _____
 Mailing Address: _____
 City, St, Zip: _____
 Contact Name: _____
 Email Address: _____

Claimant Phone: _____
 Remittance Address (*if different*): _____

 Freight Bill (PRO) Number

 Shipment Date

 Delivery Date

Carrier/Broker Information

J.B. Hunt Transport, Inc. PO
 Box 598
 Lowell, AR 72745
 ATTN: Cargo Claims Dept.

BOL Date: _____

Trailer/Container Number: _____

Email: JBH_Cargo_Claims@jbhunt.com

Shipment Information

Shipper: _____
 Address: _____
 City, St, Zip: _____

Consignee: _____
 Address: _____
 City, St, Zip: _____

Shipment Description (commodity): _____

Bill of Lading Number: _____

Appointment Number: _____

ShiplD or PRO Number: _____

Seal Number: _____

Detailed Statement Showing How Amount Claimed Is Determined

Number and description of articles, nature and extent of loss and damage, invoice price of items, amount of claim, etc.

ITEM #	DESCRIPTION	QTY	COST EACH	TOTAL CLAIMED \$

*Attached itemized list if all line items will not fit in the above table.

Discount (-)	
Freight Charges (+)	
Additional Charges	
Total Claim Amount (USD)	

IN ADDITION TO THE INFORMATION ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:

- Original Bill of Lading
- Original Paid Freight Bill
- Original invoice or certified copy
- Other particulars obtainable in proof of loss or damage claimed

Remarks: _____

Please email this form and all supporting documentation to: JBH_Cargo_Claims@jbhunt.com.