

# 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: _____	Claimant Phone: _____
Mailing Address: _____	Remittance Address (if different): _____
City, St, Zip: _____	_____
Contact Name: _____	_____
Email Address: _____	_____

\_\_\_\_\_  
Freight Bill (PRO) Number

\_\_\_\_\_  
Shipment Date

\_\_\_\_\_  
Delivery Date

Carrier 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: _____	Consignee: _____
Address: _____	Address: _____
City, St, Zip: _____	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	
<b>Total Claim Amount (USD)</b>	

IN ADDITION TO THE INFORMATION ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:	
<input type="checkbox"/> Original Bill of Lading	<input type="checkbox"/> Original invoice or certified copy
<input type="checkbox"/> Original Paid Freight Bill	<input type="checkbox"/> Other particulars obtainable in proof of loss or damage claimed
Remarks: _____	
Please email this form and all supporting documentation to: <b>JBH_Cargo_Claims@jbhunt.com</b> .	