DATE SUBMITTED:_____

BOE PRO NUMBER: _____

CLAIMANT (TYPE OR TYPE): _____

COMPANY NAME: _____

ADDRESS OR P.O. BOX NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CLAIMANT'S CLAIM NUMBER_____

ALL AREAS MUST BE FILLED OUT TO ENSURE CLAIMS PROCESSING

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS

NOTE: REVIEW INFORMATION ENCLOSED BEFORE YOU COMPLETE THIS CLAIM FORM

CLAIM IS HEREBY FILED WITH BEST OVERNITE EXPRESS INC. FOR

☐ SHORTAGE ☐ DAMAGE ☐ OTHER: _____

IN CONNECTION WITH THE SHIPMENT DESCRIBED BELOW

BEST OVERNITE EXPRESS, INC. FREIGHT BILL NUMBER _____DATE_____ / _____ / _____

SHIPPER _____ POINT SHIPPED FROM _____

CONSIGNEE_____ DESTINATION_____

DETAILED STATMEMENT SHOWING HOW CLAIM AMOUNT IS DETERMINED. NUMBER AND DESCRIPTION OF ARTICLES. NATURE AND EXTENT OF LOSS OR DAMAGE.

ITEM(S) CLAIMED	WEIGHT OF ITEM (S)	AMOUNT CLAIMED
		TOTAL AMOUNT CLAIMED: $

AS A MINIMUM: CLAIM MUST BE SUPPORTED BY AT LEAST ONE DOCUMENT FROM EACH OF THE FOLLOWING CATEGORIES. FAILURE TO INCLUDE SUFFICIENT DOCUMENTATION WILL DELAY PROCESSING OF CLAIM.

DOCUMENTATION OF TRANSPORTATION CONTRACT

☐ COPY OF BILL OF LADING

☐ COPY OF FREIGHT BILL

DOCUMENTATION THAT SHORTAGE OR DAMAGED OCCURRED

☐ INSPECTION REPORT

☐ CONSIGNEE COPY OF FREIGHT BILL WITH SHORTAGE OR DAMAGE NOTATION BY DRIVER

DOCUMENTATION OF COST OF GOODS

☐ ORIGINAL PURCHASE (VENDOR) INVOICE OR PHOTO COPY

☐ OTHER DOCUMENTS TO SUPPORT CLAIM

☐ ORIGINAL REPAIR INVOICE OR PHOTOCOPY

☐ RECORD OF DISCOUNTED SALE

☐ _____

REMARKS:_____

_____

CORRESPONDENCE INFORMATION

Name:_____ **Phone Number:** _____

Fax: _____ **Email Address:** _____

Return Address: _____

Please submit claim forms to claimsdepartment@bestovernite.com