

Claim Form



Date Submitted: _____ Claimants Claim #: _____

This claim for \$ _____ is made with MHL Transport by _____
(amount of claim) (Claimant)

For _____ in connection with the following described shipment:
(Loss or Damage)

MHL Transport Freight Bill #: _____

Name and address of consignor: _____
(shipper)

Name and address of consignee: _____
(receiver)

Date of Bill of Lading: _____

Trailer of Intermodal Container #: _____

Detailed statement of incident and how amount was determined.

Total Amount Claimed \$: _____

To expedite your claim, please attach the following documents:

MHL Transport freight bill, bill of lading, shippers invoice, proof of delivery, BOL, W-9 for the beneficial owner, any other docs. Although the validity of the claim has yet to be determined, please note that this company is unable to issue checks without a W-9 on file. It is the responsibility of the Claimant to provide a W-9. By my signature below, I hereby affirm that I am authorized to sign as an officer of the company that is the beneficial owner of this claim, or that I represent the beneficial owner of the above claim and I agree to defend and hold harmless MHL Transport from any other claimant against the above incident.

Signature of Claimant: _____ Title: _____
(The foregoing statement of facts is hereby certified true and correct)

Payment Address for Claimant

Claimant's Name: _____

Address: _____

T: _____ FX: _____ Email: _____