



CUSTOMER CLAIM FORM

Customer:

Address:

City:

HAWB or Reference No:

Shipment Date:

Description of Goods:

Claim Amount:

Customer Signature/Printed Name/Date

In order for The Delivery People to process your claim, please complete and return this claim form with the following information:

- Date of Shipment
- Location of shipment
- Completed and signed for with amount of claim
- Commercial invoice associated with the shipment (if avail)
- Invoice for repairs or repair estimates
- Other documents supporting your claim

If you purchased insurance/declared a value for your shipment, please **DO NOT MOVE** the shipment. An inspector may need to assess the damage.

The deadline to file a formal claim for concealed damage is 24 hours. Shipments where damage is noted on the delivery receipt must be reported within 270 days of shipment acceptance by The Delivery People. All freight charges must be paid before the claim can be processed.