



New York Carolina Express

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

Send or fax claim to:

New York Carolina Express
1037-A Boulder Rd.
Greensboro, NC 27409
Fax: (336) 854-8289

MAKE CHECK PAYABLE TO:

Claimant: _____
Address: _____
City: _____ St: _____ Zip: _____

Date: _____ Claimant's Ref #: _____ Phone #: _____

NYCE Pro #: _____

Shipper: _____ Consignee: _____

Date of BOL: _____ Date of Delivery: _____

This Claim is for:

Shortage Visible Damage Concealed Damage Other

Detailed statement showing how amount claimed is determined (Number and description of articles, nature and extent of loss or damage, invoice price of article, amount of claim, etc. All discounts and allowances must be shown):

Total \$: _____

**Send with this claim form: COMPLETE ORIGINAL INVOICE (Legible copy acceptable)
CLAIM CANNOT BE PROCESSED WITHOUT INVOICE**

The following documents are submitted in support of this claim:

- Original Bill of Lading Original Invoice or certified copy
- Original Paid Freight Bill Other:
- Carrier Inspection Report Form

*****SALVAGE RETENTION***
ANY AND ALL MERCHANDISE, TO AND INCLUDING DAMAGED PARTS, MUST
BE HELD FOR CARRIER DISPOSITION. FAILURE TO DO SO COULD RESULT IN
DECLINATION OF YOUR CLAIM!**

Claimant's name (Print): _____

Claimant's signature: _____

Phone: _____