

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

TO: AMERICAN WEST WORLDWIDE EXPRESS

Date:

TEL. 800-788-4534 FAX 469-442-9843

Email Claims to: claims@awest.com

Pro #:

This claim for \$ _____ is made against American West for SHORTAGE DAMAGE in connection with the following described shipment:

SHIPPER'S NAME	CONSIGNEE'S NAME
CITY SHIPPED FROM	FINAL DESTINATION
DATE OF BILL OF LADING	DELIVERING CARRIER

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED (number and description of articles, nature & extent of loss or damage, MANUFACTURER'S COST of articles, amount of claim, etc. – ALL DISCOUNT AND ALLOWANCES MUST BE SHOWN

TOTAL AMOUNT OF CLAIM \$ _____

The following documents are **REQUIRED** in support of this claim:

<input type="checkbox"/> ORIGINAL BILL OF LADING	<input type="checkbox"/> ORIGINAL INVOICE
<input type="checkbox"/> ORIGINAL PAID FREIGHT BILL	<input type="checkbox"/> INVOICE AT MANUFACTURERS COST
<input type="checkbox"/> DETAILED REPAIR INVOICE	<input type="checkbox"/> PROOF OF DELIVERY
<input type="checkbox"/> INSPECTION REPORT (if applicable)	

(NOTE: ALL damage claims MUST be accompanied by PHOTOS of ITEMS and PACKAGING to support the claim. The absence of any document called for in connection with this claim must be explained. When impossible for claimants to produce original bill of lading, or PAID freight bill, a bond of indemnity must be given to protect American West against duplicate claims supported by original documents.

THE FOREGOING STATEMENTS OF FACTS ARE HEREBY CERTIFIED AS CORRECT.

COMPANY NAME	CLAIMANTS NAME
ADDRESS	SIGNATURE DATE
PHONE	EMAIL ADDRESS