

AMERICAN WEST WORLDWIDE EXPRESS
STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

TEL: 800-788-4534

FAX# 469-442-3843

email: claims@awest.com

DATE: _____

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 DISCOUNTS AND ALLOWANCES MUST BE SHOWN freight charges are not included and must be paid before claim will be reviewed.

TOTAL AMOUNT OF CLAIM _____

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

ORIGINAL BILL OF LADING ORIGINAL INVOICE ORIGINAL PAID FREIGHT BILL

INVOICE AT MANUFACTURERS COST** DETAILED REPAIR INVOICE**

PROOF OF DELIVERY** 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 _____