



Overage, Shortage, and Damage Claim Form

Please submit completed forms by e-mail or fax to:

Transaver, LLC
Attention: OS&D Department
E-mail: Claims@Transaver.com
Fax: 315-682-1098

To contact the OS&D Department by phone, call: 866-210-9069

Claimant

Company: Contact Name: Phone:

Shipment Information

Shipper Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Consignee Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Carrier:

Carrier Pro Number:

Pick-up Date:

Purchase Order (PO) Number:

Delivery Date:

Bill of Lading Number:

Was an exception noted on the delivery receipt at the time of delivery? Yes No

If no exception was noted, please explain when the damage was discovered.

<input type="text"/>
<input type="text"/>

Claim Information

Loss Damage Shortage Overage

Claim Amount:

Description (Please explain how the dollar amount of the claim amount was calculated.)

<input type="text"/>
<input type="text"/>

Please submit the following documentation with completed form:

- 1) Bill of Lading
- 2) Freight Bill
- 3) Original Invoice (to support the product value)
- 4) Inspection Report (if applicable)
- 5) Repair Invoice (if applicable)
- 6) Pictures (if applicable)

