Mergenthaler
Transfer & Storage
Special Contracts Division

Date_____20____

FORM FOR PRESENTATION OF LOSS, OR DAMAGE CLAIM

Presented To:
Mergenthaler Transfer & Storage Co.
Special Contracts Division
1414 N. Montana Avenue
Helena, MT 59601
Phone: (406) 441-0103
Fax: (406) 442-2414

_____
NAME OF CLAIMANT

_____
STREET OR P.O. ADDRESS

_____
CITY STATE ZIP CODE PHONE NUMBER

FOR CLAIM IN CONNECTION WITH THE FOLLOWING DESCRIBED SHIPMENT:

Terminal Claim originated at:_____
Job or Site # _____
Delivery location _____

Invoice #			*This Claim for:	$
Invoice Date			*Date Received by Terminal:	
Claimants Number:			*Date Received by G.O.:	
Claim is for:	Loss	Damage	*Government Claim:	

* To be filled in by Mergenthaler Transfer & Storage

STATEMENT OF LOSS OR DAMAGE

Number of pieces	Description of Article	Amount of Loss or Damage
		$
		$
		$
		$
		$
		$
		$
		$
	Total Amount Claimed	$

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED CORRECT: _____
SIGNATURE OF CLAIMANT

TO OUR CUSTOMERS:
In order that we might provide you the fastest possible claim service, please submit the following documents to support your claim.

1. Shipper's original invoice or certified copy showing all discounts
2. Original Bill of Lading
3. Freight bill
4. Indemnity agreement in lieu of original bill of lading or freight bill
5. Carrier's inspection report, where copy has been provided
6. Invoice for materials purchased to complete repair or recouping, if applicable
7. Any other document that will expedite the claim process

Every effort will be made to settle your claims as quickly as possible. Your assistance in forwarding all necessary supporting documents will enable us to accomplish this.

DO NOT WRITE BELOW THIS LINE

Check Documents Attached

- ❑ Delivery Receipt
- ❑ Inspection Report
- ❑ Bill of lading
- ❑ Similar Shipments List
- ❑ Supporting Invoices
- ❑ Disposition of Salvage. If Sold – How Much? _____