

# Claims Filing Form (Freight)

## Shipment Information

Pro #:  
Pickup Date:  
Customer Reference #:  
Carrier:  
Weight:  
H/U Pieces:

## Claim Information

Claim Type:  
Condition:  
Claimed Weight (lbs):  
Pieces:  
Claimed Amount (\$):

Commodity Description:

## Contact Information

Claimant	Remit/Payable To
Company or Individual:	Company or Individual:
Contact Name:	Contact Name:
Email:	Email:
Phone #:	Phone #:
Mailing Address:	Mailing Address:
Address Line 2:	Address Line 2:
City:	City:
State:	State:
Zip/Postal Code:	Zip/Postal Code:

## Other

Notes & Comments:

Upload/Submit Documents:

*A copy of the invoice is required to process the claim*

Supporting document examples include:

- Vendors Original invoice
- Original Bill of Lading
- Copy of delivery receipt
- Copy of inspection report (if available)
- Photos of freight damage (if applicable)
- Itemized repair bill (if applicable)

Email to: [claims@simplicitylg.com](mailto:claims@simplicitylg.com)