CLAIM FORM FOR LOSS AND/OR DAMAGE CLAIM

TO: Wrag-Time Vision Express LLC

2187 Garfield Ave

Commerce, CA 90040

(Date)

(Claimant's Reference No.)

(Carrier's Freight Bill No.)

IF CLAIM IS FOR DAMAGE : THE DAMAGED GOODS MUST BE HELD FOR ANY SALVAGE RECOVERY

(Shipper's Name)

(Address)

(City; State, Zip Code)

(Consignee's Name)

(Consignee's Address)

(Date of Delivery)

Claim is filed due to:

Damage [ ]

Shortage [ ]

(Freight Bill No.)

(Pro Number) (Delivery Carrier's Freight Bill No.)

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

(Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)
(ALL DISCOUNT and ALLOWANCES MUST BE SHOWN)

Total Amount Claimed $

The following documents are required to complete the processing of your claim.
It is your responsibility to provide these documents along with this claim.

[ ] Original Bill of Lading or Certified Copy

[ ] Original Delivery Receipt or Certified Copy

[ ] Original Invoice or Certified copy.

INDEMNITY AGREEMENT

In the absence of the Original Bill of Lading and/or the Original Delivery Receipt, we agree to hold the above named carrier to whom this claim is presented & any other participating carrier(s) harmless and indemnified against any and all lawful claims which may be made against them arising out of the same shipment & will pay to the said carrier & any participating carrier(s), all losses, damages, costs, counsel fees, or any other expenses which they or any of them may suffer or pay by reason of payment for our claim, herein described, without the surrender of the Original Bill of Lading and/or the Original Delivery Receipt, as such was not provided.

The foregoing statement of facts is hereby certified as correct.

(Date)

(Signature)

(Print Name)

(Claimant's Company Name)

(Company's Address)

(City, State, Zip)

Email address

Email us at Claims@wtvellc.com