

S.E. Transport, LTD. Secure and Efficient Transport P.O. Box 1434 Laredo, TX 78042

Tel: (956)721-5965 – Fax: (956)723-8274

CLAIM FORM

CUSTO	OMER INFORMATIO	<u>\</u>				
Claimant Name		Contact Email	Contact Email		Contact Phone	
Custo	mer Reference Numb	per				
CLAIN	1 INFORMATION					
Carrier Name		Pro#	Pro#		Transportation Mode	
					□FTL □LTL □Expedited	
Claim	Claim Type					
		amage □Concealed				
DAMA	AGE/SHORTAGE INFO	DRMATION				
QTY	Product Description	n/ Item	Damaged or Lost	Weight (lbs.)	\$ Amount	
				TOTAL		
DESC	RIPTION OF EVENTS	(WHAT HAPPENED TO CAUSE LOSS, S	SHORTAGE, DAMAGE <u>)</u>		1	

PLEASE ATTACH ALL DOCUMENTS TO ONE EMAIL:

- Original Invoice of certified copy showing prices wholesale invoice, manufacturer invoice, showing the actual value of the product
- Additional Documents (Photos, statements, packing slip)
- Weights of claimed items must be added to Claim Form
- Proper description of Products
- Invoice matching Claim amount or calculation explained
- S.E. Transport, LTD Claim form completely filled out

VERY IMPORTANT REMINDERS

- We will only file a claim that is over \$100.
- If damage/shortage is concealed, the Customer and/or Agent must contact the Carrier directly to report concealed damages/shortages within 5 business days from the date of delivery AND in writing. We will not file concealed damage/shortage claims until this is done and proof is submitted to our department via email

The foregoing statement of fac	cts is hereby certified as correct:
Signature of Claimant	Date

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