



Line Drive Trucking
Freight Claim Department
1231 N. Miller St #150
Anaheim, CA 92806

CLAIM FILED BY

Company Name	Claimant's Claim No.	Date Prepared
Address or P.O. Number	LDT DR #	Freight Bill Date
City, State, Zip	Claim is for __SHORT __DAMAGE	Total Amount of Claim \$

CLAIM IS MADE WITH LDT ON THE FOLLOWING DESCRIBED SHIPMENT

Consignee	Destination
Shipper	Origin
Total No. of Pieces in Shipment	Total Weight of Shipment

DETAILS OF CLAIM SHOW HOW AMOUNT OF CLAIM IS DETERMINED

No. Pieces	Description of Articles	Amount
TOTAL		\$

DOCUMENTS NEEDED IN SUPPORT OF YOUR CLAIM

LOSS:

- Original or copy of paid freight bill
- Original Bill of Lading

DAMAGE:

- Copy of paid freight bill
- Carrier's inspection report (if inspected)
- Original invoice or certified copy showing prices
- Repair bill or certified copy (if repaired) showing material used & labor rate per hour

NOTE:

To expedite the handling of your claim please include the above mention documents as your claim **WILL NOT BE PROCESSED** until properly supported.

Claimant's Signature: _____

Claimant's Name: _____