STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

To: Freight Value,	Inc. rvice Department		(Date)		
Post Office Box 10048 Fort Smith, AR 72917-0048			(Your File Reference)		
					This claim is for: ☐ Damage ☐ Loss
(Shipper's Name)			(Consignee's Name)		
(Point Shipped From)			(Final Destination)	(Final Destination)	
	(Date of Bill of Lading)				
	d description of articles	s, nature and extent of los	W AMOUNT CLAIMED IS DETERMIN as or damage, invoice price of articles, amount of WANCES MUST BE SHOWN)		
		TO	OTAL AMOUNT CLAIMED		
The following document		والمائم الموسودية والمائم	ala:a		
The following docum	nents are submitte	a in support of this (ciaim:		
 □ Original Bill of Lading □ Document bearing notation of loss or damage □ Carrier's Inspection Report Form 			Complete invoice or copy showing cost of goods Other:		
Please add any com	•	e below:			
Please add any com	•	e below:			
Please add any com	•	e below:			
Please add any com	•	e below:			
By submitting this are authorizing Fully disclosed ag	ments in the spaces claim to Freight reight Value to accept in pursuing	Value you et as your your loss			
By submitting this are authorizing Fi fully disclosed agand/or damage of	s claim to Freight reightValue to acgent in pursuing claim with any c	Value you et as your your loss	Your Company Name		
By submitting this are authorizing Fully disclosed ag	s claim to Freight reightValue to acgent in pursuing claim with any c	Value you et as your your loss	Your Company Name Street Address or Post Office Box	×	
By submitting this are authorizing F fully disclosed agand/or damage of may have handled	s claim to Freight reightValue to ac gent in pursuing claim with any c I your shipments.	Value you et as your your loss arrier who		x	
By submitting this are authorizing Fi fully disclosed agand/or damage of	s claim to Freight reight Value to acgent in pursuing claim with any colling to the source onclude all claims	Value you et as your your loss arrier who	Street Address or Post Office Box City, State, Zip	X	
By submitting this are authorizing Fi fully disclosed agand/or damage of may have handled ABF's goal is to compare the submitted of the submit	s claim to Freight reightValue to ac gent in pursuing claim with any c I your shipments.	Value you et as your your loss arrier who s within 30 ces in Fort to fax your	Street Address or Post Office Box	X Your Fax	

number is 479-785-8741.

PLEASE PRINT OR TYPE