



Freight Dynamics, Inc.
Claim Form
Fill out and fax to: 763.550.9949

Claim Submitter:

Contact Name: _____ Company Name: _____

Your Role: _____ (Shipper, Consignee, Third Party) Email: _____

Phone: _____ Alternate Phone: _____

Freight Dynamics BOL #: _____ Date of Shipment: _____ Today's Date: _____

of Items in Shipment: _____ # of Damaged Items: _____ Declared Value: _____

Describe Package Contents: _____

Describe Damage / Claim: _____

Cost to Repair or Replace: _____ **(Copy of Estimate or Original Invoice must be attached)**

Where is shipment now?: _____ Was Damage noted when signed for? _____

Has the original packaging been preserved? _____ Photos taken? _____

I certify that the above is true and correct and falsifying anything in this claim will be considered insurance fraud and know I would be prosecuted in full. Freight charges will be paid in full to Freight Dynamics before any claim can be paid. I have attached copies of the repair statement / original invoice for this claim.

Signed: _____ Date: _____

Origin Shipper Contact: _____ Company Name: _____

Address: _____ Email: _____

Phone: _____ Alternate Phone: _____

Recipient Contact: _____ Company Name: _____

Address: _____ Email: _____

Phone: _____ Alternate Phone: _____