



Cargo Loss and Damage Claim Report

Send claim To:

YRC Freight
Cargo Claims Department
P. O. Box 7903 – 10990 Roe Ave.
Overland Park, KS 66207-0903 USA
Phone #913-344-5174

Make cheque payable to:

Claimant: _____
Address: _____

Claimant's Claim #: _____
PH#: (____) ____ - _____ Fax#: (____) ____ - _____
Email Address: _____

Claim in the amount of \$ _____ is hereby filed against YRC Freight for:

Shortage Damage Other _____

In connection with the shipment described below:

Shipper _____ Consignee _____
Origin _____ Destination _____
Pro # _____ Date of pickup _____

**If the YRC Freight pro number is unknown, please attach a copy of the Bill of Lading.
Briefly describe what the claim represents and show how the amount of the claim was calculated.**

If the claim involves damaged goods, please check one or more of the following:

- Damaged goods can be repaired for approximately \$ _____ .
- Damaged goods can used 'as is' for an allowance of \$ _____ .
- Damaged goods are available for carrier pickup.
- Damaged goods are unavailable (please explain) _____ .

To avoid delay in processing your claim please attach appropriate documentation as follows:

- ✓ Vendors invoice showing the price of lost or damaged goods (be sure to include final page).
- ✓ Consignee's copy of the freight bill bearing loss or damage notation.
- ✓ Itemized repair bill, if applicable.
- ✓ Inspection report if available.

Claimant's name (print) _____

Claimant's signature: _____ **Date:** _____