



CLAIM FILING INSTRUCTIONS

1. All claims for Loss/Damage must be filed with this carrier within 180 days after delivery based on the Terms and Conditions of the invoice.
2. In cases of Concealed Damage, PTS Logistics, Inc. must be notified in writing within fifteen (15) days of delivery or the claim will likely be declined.
3. Attach a letter of explanation if there are any Special Circumstances we should know about.
4. Please provide a copy of the Signed Delivery Receipt, Vendor Invoice, Commercial Invoices for repairs or replacements, and pictures when filing claim. Also, please include an Inspection Report. When sending pictures, please send them via postal or email them to claims@ptslogistics.com.
5. PTS Logistics, Inc. will send an Acknowledgement of Claim via email.
6. In no case will this carrier accept responsibility for Consequential Damages or Special Damages beyond the value of the goods that are the subject of a claim.
7. Prior to any settlement, PTS Logistics, Inc. will request applicable salvage rights. If salvage rights cannot be obtained through no fault of this carrier, this claim will likely be declined.
8. Prior to any settlement, all freight charges must be paid in full. Include any applicable freight charges in your claim presentation. The amount of claim may not be deducted from transportation charges.
9. If you have any questions regarding your claim, you may contact PTS Logistics' Claims Department at 630-694-8900, extension 7050.

Upon completion of form, fax to (630-860-5816) or mail to:

**PTS Logistics, Inc.
Attn: Claims Department
1151 N Wood Dale Rd
Wood Dale, IL 60191**

PTS LOGISTICS Customer Cargo Claim Form

PTS Logistics, Inc.

1151 N Wood Dale Rd. - Wood Dale, IL 60191
(630) 694-8900, (630) 860-5816 fax

Date Filed:		
Claimant Company Name		
Contact Name		
Address		
City	State	Zip
Phone Number ()		
Claimant Claim Number		
Please refer to this Number in all Correspondence		

This claim is for:

- Damage
 Shortage
 Concealed Damage
 Non delivery

* Prior to any settlement, PTS Logistics will request applicable salvage rights. If salvage rights cannot be obtained through no fault of this carrier, this claim will likely be declined.

* Please attach a letter of explanation if there are any Special Circumstances we should know about. If available, please include photos. **DO NOT** send photos via fax. Photos can be sent via postal mail or email: claims@ptslogistics.com

PTS Logistics BOL#	BOL Date	Weight of Shipment

Shipper			Consignee		
Company Name			Company Name		
Address			Address		
City	State	Zip	City	State	Zip

Amount Claimed
Check one:
<input type="checkbox"/> Repair
<input type="checkbox"/> Allowance

Pieces	NMFC Item #	Physical Description of Article, Including Model Number, Etc.		

Total Amount Claimed \$

Please Attach the Following Documents	Investigation of Claims
<p>In Support of Your Claim:</p> <ol style="list-style-type: none"> 1. Copy of delivery receipt. 2. ✓ Vendor's invoice. 3. Invoice covering repairs and/ or parts replaced. 4. Inspection report. 	<p>a) Upon receipt of a claim, whether written or otherwise, the processing carrier shall promptly initiate an investigation and establish a file.</p> <p>b) In the event the carrier processing the claim requires information or documentation in addition to that submitted with this claim, the carrier shall notify the claimant and request the information required. This includes notifying the claimant that a written claim must be filed before the carrier becomes subject to the time limits for setting such a claim.</p>

Note: In the case of non delivery or shortage, the claim shall include a signed statement from the consignee certifying the goods claimed short has not been received from any source, and further, notification will be given to the carrier to whom this claim was presented in the event said goods are received in the future. The claimant certifies the foregoing to be correct and agrees to indemnify the carrier against loss in the event the original bill of lading and/or original freight bill are not submitted.

ABOVE MUST BE COMPLETED:

Preparer's Name (Print)

Signature of Preparer