

## **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, Innovative Transport Solutions, LLC 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 <u>Signed Delivery Receipt</u>, <u>Vendor Invoice</u>, 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@innovativetransportsolutions.com.
- 5. Innovative Transport Solutions, LLC 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, Innovative Transport Solutions, LLC 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 Innovative Transport Solutions, LLC Claims Department at (630) 350-2402.

Upon completion of form, email to <u>claims@innovativetransportsolutions.com</u> or mail to:

Innovative Transport Solutions, LLC Attn: Claims 1151 N Wood Dale Rd Wood Dale, IL 60191

## Innovative Transport Solutions, LLC Customer Cargo Claim Form

Innovative Transport Solutions, LLC 1151 N Wood Dale Rd. - Wood Dale, IL 60191 (630) 350-2402

Date Fi	led:				]					
Claimant Company Name				This claim is for:	_	nage				
						Sho	ortage	Ð		
Contact N	lame					Cor	Concealed Damage			
Address					_	Nor	Non delivery			
								-		
City State Zip				<ul> <li>Prior to any settlement, Innovative Transport Solutions, LLC will request applicable salvage rights. If salvage rights cannot be</li> </ul>						
Phone Nu	umber				obtained through no fault of this carrier, this claim will likely be					
()			Calutions		declined.					
Innovative Transport Solutions, LLC Claim Number				* Please attach a letter of explanation if there are any Special						
					Circumstances we should know about. If available, please					
Plea	se refer to this Nu	mber ir	n all Correspondenc	е	include photos. <u>DO NOT</u> sen mail or email: claims@innova				/ia postal	
Inn	ovative BOL#		BOL Date		Weight of Shipment	]				
Shipper				Co	nsignee					
Company Name Co				mpany Name						
Address Ad				Ad	dress			Amou	nt Claimed	
								Check	one:	
City		State	ie Zip	City	y State	Zip		1	Repair	
									Allowance	
Pieces	NMFC Item #	Physical Description of Article, Including Model Number, Etc.								
		-			Total Am	ount Claime	ed	\$		
-										

Please	e Attach the Following Documents	Investigation of Claims	
	In Support of Your Claim:	a) Upon receipt of a claim, whether written or otherwise, the processing carrier shall promptly initiate an	
<mark>1.</mark>	Copy of delivery receipt.	investigation and establish a file.	
2.	<u> </u>	b) In the event the carrier processing the claim requires information or documentation in addition to that	
<mark>3.</mark>	Invoice covering repairs and/ or parts	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	
	replaced.	limits for setting such a claim.	
<mark>4.</mark>	Inspection report.		

**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