

Distribution By Air

a DBA Distribution Services Inc. Company
 PO Box 6090
 Somerset, NJ 08875-6090
 (888) 588-1011
 Fax: 732-764-6783

Standard Claim Form for Loss / Damage

Claimant Company Name

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone Number Area Code () _____

DBA AIRBILL NUMBER

Please Refer to this number above in all Correspondence

A formal claim is being filed against Distribution By Air for loss/damage involving the following shipment.

This claim is for:

Damage

Shortage

Concealed Damage

Details: _____

Claimants Reference #	Freight Bill Date	Total Pieces of Shipment	Total Weight of Shipment

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

Pieces	Item #	Physical Description of Articles, Including Model Number, Etc.		\$
Total Amount Claimed				\$

- You Must Attach the Following Documents in Support of Your Claim:**
1. Invoicing to substantiate the value of the entire shipment (if insured)
 2. Invoicing to substantiate the value of the lost items, damaged items, or repair cost.
 3. Packing Slip (if one existed)
 4. Any Inspection Reports
 5. Any/All photographs of Damage

Distribution By Air is liable for .50 per pound of loss or damage unless insured at higher value.

Freight Charges must be paid before a claim payment is processed.

Mail this form and all documents to: **Distribution By Air**
 Attn: Karen Herzog - Claims Dept.
 PO Box 6090
 Somerset, NJ 08875-6090

Above Must Be Completed

Preparer's Name (Print) _____

Signature of Preparer _____

Date: _____