



LOSS or DAMAGE CLAIM FORM

CLAIMANT, PLEASE COMPLETE THIS FORM AS FULLY AS POSSIBLE

Claimant Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Phone: _____

CLAIM IN CONNECTION WITH THE FOLLOWING SHIPMENT (This information comes directly off the Delivery Receipt or Invoice)

Shipper Name: _____ Shipment Date: _____

Address: _____ City, State, Zip: _____

Phone: _____

Consignee Name: _____

Address: _____ City, State, Zip: _____

Phone: _____

Freight Bill Number: _____ This is the six digit number located on the top/right of our Delivery Receipt or Invoice

THIS IS A CLAIM FOR: LOSS DAMAGE

NUMBER OF PIECES	DESCRIPTION OF ARTICLE(S)	DOLLAR AMOUNT OF LOSS OR DAMAGE
TOTAL CLAIM AMOUNT		

By my signature below, the above statement of loss or damage is hereby certified true and correct,

Printed Name of Claimant: _____ Date: _____

Signature of Claimant: _____

In order that we may provide you with the fastest possible claim service, please submit copies of the following documents to support claim:

1. Original Invoice 2. Original Bill of Lading 3. Delivery Receipt 4. Indemnity Agreement 5. Carrier's Inspection Report 6. Original Invoice for Repair or Recouping.

**Please mail, email or fax to: Lee Jennings Target Express, Inc. Attention: Claims Department
3975 Riverside Dr. Chino, CA 91710, claims@ljetarget.com, Fax 909-590-4606**