

FREIGHT CLAIM REQUEST FORM

This completed form must be mailed or faxed to All State Express **within 10 days** of delivery for any shipment that is delivered damaged or short according to the delivery receipt, or for any lost shipment, and for all concealed damage/shortage claims



<input type="checkbox"/> Original Claim <input type="checkbox"/> Amended Claim ASE Claim # _____	Request Date: _____ Submitted By: _____ Client Name: _____ Address: _____ City, ST, ZIP: _____ Contact Name: _____ Phone Number: _____ Client Reference No.: _____ Product Invoice No.: _____
Submit to: ASE Freight Claims 121-I Shields Park Drive Kernersville, NC 28732 FAX: 336.423.5846 claims@allstateexpress.com	
THIS IS A REQUEST TO INVESTIGATE A SHORTAGE, DAMAGED OR LOST SHIPMENT, AND IF A LEGITIMATE CLAIM EXISTS, FILE A CLAIM FOR RECOVERY.	

1. The following shipment was received:
- | | |
|---|---|
| <input type="checkbox"/> Short | <input type="checkbox"/> Visible Damage |
| <input type="checkbox"/> Entire Shipment Loss | <input type="checkbox"/> Concealed Damage |

Proper notation was made on all copies of the transportation company delivery receipt by our representative and was acknowledged by the driver's signature.

The following information is shown on the shipment Bill of Lading/Delivery Receipt:

SHIPPER	
Shipper Name: _____	
Shipper Address: _____	Shipper City/ST/ZIP: _____
CONSIGNEE	
Consignee Name: _____	
Consignee Address: _____	Consignee City/ST/ZIP: _____
CARRIER	
Carrier Name: _____	Pro Number: _____
Carrier Address: _____	Carrier City/ST/ZIP: _____
Ship Date: _____	Delivery Date: _____

2. Description of Product & Value:

Item Name: _____	# of Items: _____	X	Cost (ea.): _____	= Total Value: _____
Item Name: _____	# of Items: _____	X	Cost (ea.): _____	= Total Value: _____
Item Name: _____	# of Items: _____	X	Cost (ea.): _____	= Total Value: _____
<input type="checkbox"/> Invoice Cost	<input type="checkbox"/> Mfg. Cost		Total Claim Amount: _____	

3. Contact Information for Inspection of Damaged Product:

Contact Name: _____	Telephone No.: _____
Address: _____	City/ST/ZIP: _____

The following documentation is **REQUIRED** to file a legal damage and/or shortage claim and must be submitted with each claim:

- ☐ Carrier delivery receipt with shortage or damage **noted at time of delivery**
- ☐ Copy of original invoice(s) reflecting total cost of the entire shipment (used to determine the value of loss/damage)
- ☐ Original Bill of Lading

Upon receipt of this request and the required documents, ASE will assign a claim file number and acknowledge receipt to you. ASE will advise you of any status and any action taken with this request. Claims for loss or damage are processed and settled according to federal transportation laws and court decisions.