174 Cabot Street
W. Babylon, NY 11704

Tel: 631-753-1500
Fax: 631-753-1504

Loss & Damage Claim

Claimant's Name _____ Date _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

RTI Freight Bill # _____ Date _____

Claim Statement

This claim for $_____ (AMOUNT) is made against Reigel Transportation, Inc. for _____ (LOSS or DAMAGE) in connection with the following described shipment:

Consignee's Name _____

Address _____ City _____ State _____ Zip _____

Shipper's Name _____

Address _____ City _____ State _____ Zip _____

Description of Shipment _____

Bill of Lading Number _____ Date _____

Determination of Claim Amount

Provide detailed information showing how claim amount is determined (number & description of items, invoice amount,etc.)

NUMBER	DESCRIPTION	AMOUNT
	Total Amount:	$

Documentation

The following documents are submitted in support of this claim:

☐ 1. Original Bill of Lading (if not previously surrendered) ☐ 2. Shipper's Original Invoice or Certified Copy

☐ 3. Carrier's Paid Freight Bill ☐ 4. Other _____

Remarks: _____

I, _____ (PRINT NAME), certify the above information to be true and correct.

_____ (SIGNATURE) _____ (TITLE) _____ (DATE)