

CLAIM FILING INSTRUCTIONS

1. All claims for **Loss/Damage** must be filed with this carrier **within nine (9) months** after delivery.
2. In cases of **Concealed Damage**, Towne Air Freight must be notified in writing within **fifteen (15) days** of delivery or the claim will likely be declined.
3. Be sure to attach a letter of explanation if there are any **Special Circumstances** we should know about.
4. Please provide a copy of the **Signed Delivery Receipt, Original Invoice, Invoices for repairs or replacements, and pictures** (if available) when filing claim.
***If sending pictures, please send them via postal or email them to claims@towneair.com.
5. Towne Air Freight will send an **Acknowledgement of Claim** when claim is received.
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, **Towne Air Freight 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.
9. If you have any questions regarding your claim, you may contact Towne Air Freight's Claim Department at 260-478-7595 or 260-478-7965.

Upon completion of form, fax to (260-478-8765) or
Mail to:

Towne Air Freight
Attn: Claims Department
9402 Yeager Lane
Fort Wayne, IN 46809



www.towneair.com

PRESENTATION OF SHORTAGE and or DAMAGE CLAIM

Towne Air Freight
 9402 Yeager Lane – Fort Wayne, IN 46809
 (260) 478-7595 or (260) 478-7965, (260) 478-8765 fax

Claimant Company Name		
Contact Name		
Address		
City	State	Zip
Phone Number ()		
Claimant's Reference Number		
Please Refer to this Number in all Correspondence		

This claim is for:

- Damage
- Shortage
- Concealed Damage

* Prior to any settlement, Towne Air Freight will request applicable salvage rights. If salvage rights cannot be obtained through no fault of this carrier, this claim will likely be declined.

* Please attach a letter of explanation if there are any Special Circumstances we should know about. If available, please include photos. **DO NOT** send photos via fax. Photos can be sent via postal mail or email: claims@towneair.com

Carrier Freight Bill #	Freight Bill Date	Weight of Shipment

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

Amount Claimed
Check one: <input type="checkbox"/> Full Value <input type="checkbox"/> Repair <input type="checkbox"/> Allowance

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

Please Attach the Following Documents In Support of Your Claim:	Investigation of Claims
<ol style="list-style-type: none"> 1. Copy of delivery receipt. 2. <input checked="" type="checkbox"/> Vendor's invoice. 3. Invoice covering repairs and/ or parts replaced. 4. Inspection report. 	<ol style="list-style-type: none"> a) Upon receipt of a claim, whether written or otherwise, the processing carrier shall promptly initiate an investigation and establish a file, as required in Item 407 of Towne Air Freight, LLC. Rules Tariff. b) In the event the carrier processing the claim requires information or documentation in addition to that 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 limits for setting such a claim under Item 407 of the Rules Tariff.

Note: In the case of non delivery or shortage, it will speed conclusion if claim includes a signed statement from the consignee certifying the goods claimed short have never 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 ever 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