

P.O. Box 2448 Kennesaw, GA 30156 770.424.0619 / Fax 770.424.0699

Loss and Damage Claim Form

		LUSS UNU DU	muye Ciuim	TOTIL		
	Date:	Claimant's Claim #:	Freight Bill #:	Ship Date:		
_						
Clain \$	n Amount	Claim for: □Dama	ge □Shortage □Oth	er (specify):		
Shim	per's Name:		Origin:			
	ignee's Name:			Final Destination:		
-	DETAILED STA	TEMENT SHOWING HO	W AMOUNT OF CLA	AIM IS DETERMINEI))	
Qty	Item #		Description		Invoice Cost	
				Total Amount Claimed:		
				Total Amount Claimea:		
_		LOWING DOCUMENTS ARE				
Bill of Lading				Delivery Receipt		
☐ Original Invoice☐ Inspection or Waiver of Inspection				☐ Breakdown of Repair Charges ☐ Other:		
		lvage should be held until i		aim is completed.		
		EGOING STATEMENT OF FA		TIFIED AS CORRECT.		
Claim	ant Company Nan	ne:	Contact:	Contact:		
Mailing Address: City:		State:	Zip:			
Phone				i		

Please Submit to:
Quad Global Ventures, Inc.
Attn: Claim Department
8105 Cobb Center Dr, Ste B
Kennesaw, GA 30152