



Oak Harbor Freight Lines Inc.

Presentation of Loss and Damage Claim



Oak Harbor Freight Lines
 Attn. Freight Claim Department
 P.O. Box 1469
 Auburn, WA 98071-1469
 Phone (253) 288-8300 / Fax (253) 288-8383

File Date: _____

Claimant Reference #: _____
(Optional)

Claim Amount \$ _____

OHFL Freight Bill #: _____

Date Shipped: _____

Visual Damage

Shortage

Concealed Damage (Discovered after Delivery)

Shipper: _____

Consignee: _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED FOR IS DETERMINED:

*(Please include quantity, item #, description, nature, and extent of the loss.
 All discounts and allowances must be shown.)*

Quantity	Description	Amount

Applicable Freight Charges: _____

Total Amount Claimed: _____

IMPORTANT INFORMATION

Please be aware that with any claim filed, a copy of the **ORIGINAL VENDOR INVOICE IS REQUIRED** for processing. **Any claim received without this document is subject to denial based on NMFC Item #300110.** For claims involving repair, a copy of the detailed repair invoice, which includes a breakdown and the cost of parts utilized, is required in addition to the original vendor invoice. In general, receipt of your claim will be acknowledged in writing within 15 days. Please allow 30 days for claims processing and resolution. You will be contacted by a claim representative if additional information is needed.

CLAIMANT: (Mailing Address Please!)

Signed: _____

Company: _____

Address: _____

City / St / Zip: _____

Phone Number: _____