



VITRAN Claim Form

P.O. Box 1290
2850 Kramer Dr.
Gibsonia, PA 15044-1290
Attn: Freight Claims
Phone: 800-245-1244 #4
Fax: 724-449-0182
Email: ltl.usa.claims@vitran.com

Claimant Company

Name _____

Address _____

Your Co. Assigned Claim # _____

PRO # _____

Total claim in the amount of \$ _____ is hereby filed against the carrier for:
___ Shortage ___ Damage

SHIPPER: _____

B/L #: _____

CONSIGNEE: _____

Date of pick up: _____

Briefly describe what the claim represents and show how the amount of the claim was calculated.
Please attach pictures for damage claims.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Claim Amount	\$ _____

If the claim involves damaged goods, please check one or more of the following:

- Damaged goods can be repaired for approximately \$ _____
- Damaged goods can be used "as is" for an allowance of \$ _____
- Damaged goods are available for carrier pickup
- Damaged goods are unavailable (please explain)

To avoid delay in processing your claim, please attach the appropriate documents:

- All associated invoices, including, but not limited to manufacturer's, wholesale, or original invoices to support the cost of the claim.
- Consignee's copy of freight bill bearing loss or damage notations.
- Itemized repair bill, if applicable.
- Original paid freight bill.

**The absence of any document called for in connection with this claim must be explained.
When impossible for claimants to produce an original bill of lading
or paid freight bill, a bond of indemnity must be given to
protect the carrier against claim supported by original documents.**

Print Company Name _____

Contact Name _____

Signature _____

Phone _____ **Fax** _____ **Email** _____