



Date Form Completed:
 Claimant's Claim Number:

CLAIM FORM

Claimant (As Check Should Be Addressed):			
Claimant's Address:		City/State/Zip:	
Contact Name:			
Email Address:		Phone:	

THIS CLAIM FILED AGAINST CARRIER NAMED BELOW FOR THE DESCRIBED SHIPMENT

Frozen Food Express, Inc.
 Attn: Cargo Claims
 PO Box 655888
 Dallas, TX 75265-5888
 Email: cargoclaims@ffex.net

- | | |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> DAMAGE | <input type="checkbox"/> OVERCHARGE |
| <input type="checkbox"/> THEFT | <input type="checkbox"/> TEMPERATURE |
| <input type="checkbox"/> SHORT | <input type="checkbox"/> OTHER |

Carrier's Freight Bill (PRO) Number:		Ship Date:	
Shipper Name & Address:			
Shipper City/State/Zip:			
Consignee Name & Address (Receiver):			
Consignee City/State/Zip:			

DETAILS OF CLAIM

Number and description of articles; nature and extent of loss or damage, invoice price and amount:	Amount of Claim:
TOTAL AMOUNT CLAIMED	

In support of this claim – the following documents are submitted

- 1. Original Bill of Lading
- 2. Original Paid Freight Bill
- 3. Original Customer Invoice or Certified Copy

Remarks:

We certify the prices charged are those appearing in the original invoice, less all discounts and allowances.

The foregoing statement of facts is hereby certified to as correct.

Signature of Claimant

Date