ACI MOTOR FREIGHT, INC.

4545 Palisade Street
WICHITA, KS 67217
316-522-5559 FAX: 316-522-0788

Please reference this number

ACI Claim#

PRESENTATION OF SHORTAGE OR DAMAGE CLAIM

This claim for: _____ Shortage _____ Damage _____ Loss/Theft _____ Concealed is presented to:

Carrier Name:
Terminal Address:
City, State, Zip:
Reference#

Claimants Reference Number

Claimant	
Address	
City, State	Zip
Phone Number	

Freight Bill #
Date
Weight
B/L#

Consignee
Address
City, State Zip

Shipper	
Address	
City, State	Zip

STATEMENT OF SHORTAGE OR DAMAGE

No. of Pcs.	Description of Articles, Including Model#, Etc.	$ Amount Claimed
	Total Claim Amount	$

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED IN SUPPORT OF CLAIM

_____ 1. Original Bill of Lading, or bond of indemnity in lieu thereof
_____ 2. Legible copy of freight bill or original paid freight bill if available
_____ 3. Original invoice (proof of purchase cost) or certified copy
_____ 4. Invoice for repairs, (where applicable) showing breakdown of labor and costs

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

_____
Claimant Signature Date

Write any further remarks on back