

PENINSULA truck lines, inc.

Form For Presentation of Loss and Damage Claim

Carrier the claim is being filed with _____
Date Filed _____
Your reference number _____
Peninsula Truck Lines Pro Number _____

Claim Amount \$ _____	Claim For <input type="checkbox"/> Damage <input type="checkbox"/> Loss <input type="checkbox"/> Other (Please Specify) _____
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Detailed statement showing how amount claimed is determined

(Number and description of articles, nature and extent of loss or damages, invoice price of articles, amount of claim, etc.
ALL DISCOUNT and ALLOWANCE MUST BE SHOWN)

Total Amount Claimed	

The Following Documents are submitted in support of this claim:

Please remit to: _____

Company: _____

Mailing Address: _____

City, State Zip: _____

Signature: _____

Mail to: Peninsula Truck Lines
C/O Claim Department
P.O. Box 587
Auburn, WA 98071-0587
Fax (253)929-2002

<input type="checkbox"/> Damaged goods can be repaired for approximately \$ _____ <input type="checkbox"/> Damaged goods can be used "as is" for an allowance of \$ _____ <input type="checkbox"/> Damaged goods are available for carrier pickup <input type="checkbox"/> Damaged goods are unavailable (please explain)	<input type="checkbox"/> Original invoice, certified copy of invoice, or repair estimate (if applicable) REQUIRED <input type="checkbox"/> Itemized repair bill if applicable <input type="checkbox"/> Replacement invoice if applicable
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Important: Damaged Merchandise must be retained by claimant until claim is resolved. Carrier has the right to recover any salvage. Claim may be denied if salvage is unavailable for pickup by carrier. Damaged goods may not be moved prior to inspection.