PENINSULA
truck lines, inc.

Form For Presentation of Loss and Damage Claim

Date Filed _____

Your reference number _____

Peninsula Truck Lines Pro Number _____

Claim Amount $_____ Claim For ☐ Damage ☐ Loss ☐ Other (Please Specify) _____

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 DISCOUNTS and ALLOWANCES MUST BE SHOWN)

Total Amount Claimed	

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
email - davea@peninsulatruck.com

☐ 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)

The Following Documents are submitted in support of this claim:
☐ Original invoice, certified copy of invoice, or repair estimate (if applicable) REQUIRED
☐ Itemized repair bill if applicable
☐ Replacement invoice if applicable

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.