FINAL CLAIM

Claimant: **Date:**

Claimant's (Filer's) Claim Number:

Freight Bill Number:

This final claim for $ **is made against Apps Transport Group for** **SHORTAGE** ☐ **DAMAGE** ☐ **LOSS** ☐

Shipper and Consignee Information:

(Shippers Name) (Consignees Name)

(Point Shipped From) (Final Destination)

(Ship Date on Bill of Lading) (Date of Delivery)

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

(Number and description of articles, nature and extent of loss or damage, invoice price of articles. **All discounts and/or allowances must be disclosed**.)

Item #	Pieces	Pallets	Weight	Description	Invoice Cost
				Total Amount Claimed $	

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:

Attached	Submitted Previously	
☐	☐	Copy of Intent to Claim
☐	☐	Original Bill of Lading
☐	☐	Original Paid Freight Invoice
☐	☐	Packing Slips
☐	☐	Original Suppliers Invoice(s) or Certified Copy (no fax)
☐	☐	Original Proof of Delivery

IF THIS CLAIM IS FOR DAMAGED GOODS, PLEASE CHECK ONE OF THE FOLLOWING:

☐ Damaged goods can/have be repaired/repackaged for $

☐ Damaged goods can be used "as is" with a proposed discount value of $

☐ Damaged goods are not available for carrier pickup and proposed salvage allowance is $

☐ Damaged goods are available for carrier pickup and salvage

CONTACT NAME

PHONE NUMBER

FAX NUMBER:

EMAIL

THE FOREGOING STATEMENTS ARE CERTIFIED AS TRUE AND ACCURATE. I UNDERSTAND THAT APPS IS RELYING ON THE FOREGOING AND THAT I MAY BE HELD PERSONALLY LIABLE FOR THESE STATEMENTS.

DATED THIS _____ DAY OF _____, 201__ at _____ in _____

(Claimants Name and Title) (Signature)