

Claim Application Of Loss and Damage

To: Jay Dee Fast Delivery
450 Duncan Avenue
Jersey City, NJ 07306

Date: ___/___/___
Your file Ref#: _____
Damage _____ Loss _____

Phone: 201-332-7200
Fax: 201-332-8456

Shipper's Name and Address

Consignee's Name and Address

Show detailed statements of how the claimed amount is determined, number of description of articles, nature and extent of loss or damage, PO# (purchase order numbers), Mfg. Cost of articles. (All discounts must be shown)

Description

Amount

Total Amount Claimed \$ _____

Please submit all supporting documentation including complete invoice or copy showing Mfg. cost of goods

Contact Information

Your Name: _____

Company Name: _____

Phone #: _____

Fax #: _____