

Presentation of Loss or Damage Claim



DELIVERY SYSTEMS, INC.

1 Claimant Name		
Address		
City	State	Zip
Claimant Reference Number		

2 Reason for Claim (check one)	Total Claim Amount
	Date
Loss <input type="checkbox"/>	
Damage <input type="checkbox"/>	
Short <input type="checkbox"/>	
COD Loss <input type="checkbox"/>	

Shipment Information

3 Origination		4 Destination	
Name		Name	
Address		Address	
City	State	City	State
	Zip		Zip
Bill of Lading or Pickup Record Number	BL or P/U Record Date	Date Delivered	

5 Detailed Statement showing how amount claimed is determined

Description of Item	No. of Units	Unit Price	Total Claimed

6a

Do you have the Original Carton? _____

If not, what happened to it? _____

Was the damage noted on the delivery record? _____

When was the damage discovered? _____

When did you report it to Lanter Delivery Systems, Inc.? _____

How did you report the damage to Lanter Delivery Systems, Inc.? _____

6b

When was the loss or shortage reported to your company? _____

When did you report the loss to Lanter Delivery Systems, Inc.? _____

Name of Contact Person (Please Print) _____

Title of Contact Person (Please Print) _____

Signature _____ Date _____

The following items are required for final Disposition of Claims.

- Signature. This form must be signed.
- Copy of the P/U Record or BL.
- Vendor Invoices demonstrating item cost.

By signing this I attest that the statements made on this claim are true to the best of my knowledge. Also I indemnify Lanter Delivery Systems, Inc. against any duplicate claim supported by Original Bill of Lading.

Remarks:

Send completed form and accompanying documentation to:

Lanter Delivery Systems, Inc.
Attn: Claims Administrator
One Caine Drive
Madison, IL 62060

INSTRUCTIONS FOR COMPLETING THE FORM

PRESENTATION OF LOSS OR DAMAGE CLAIM

The presentation of loss or damage claim form is designed to facilitate the process of retrieving information on damaged, shorted or lost shipments. When a shipment is damaged, shorted or lost, the shipper or customer can file a claim for the cost of the items. Generally, Lanter Delivery Systems, Inc.'s liability is limited to \$100.00 unless when the shipment was picked up, a declared value was entered in the declared value box on the bill of lading or manifest.

Lanter Delivery Systems, Inc.'s policy concerning claim payment has three basic principles.

- 1) No claim will be paid until all freight charges have been paid.
- 2) Claims for damaged or shorted shipments must be filed within fifteen (15) days of the date of delivery.
- 3) Claims for lost shipments must be filed within nine (9) months of the date the shipment was tendered to Lanter Delivery Systems, Inc.

The presentation of loss or damage claim form is broken up into six sections and the sixth section is divided into two subsections. The instructions for completing this form are listed below.

① **Claimant box** - Please fill in the blocks for claimant name, address, city, state and zip code. The space provided for a claimant reference number is for your use. That number will be provided on the claim acknowledgement. All checks for claims are made out to the claimant and the claimant only.

② **Reason for claim** - Please check the applicable box.

Loss: If a package is picked up but not delivered.

Damage: If an item in a package is damaged.

Short: If a package was opened and an item from within the package was removed.

COD Loss: For unrecovered COD monies when proof of delivery is available.

Please put the total dollar value of the claim in the total claim amount box. Please record the date you completed this form in the date box.

③ **Origination** - This is where the shipment originated. If it is the same as the claimant box, then just write "same" in the name block. If it originated somewhere else, fill in the complete address. **In either case fill in both the bill of lading or pickup record number and the bill of lading or pickup record date on the bottom of that section.**

④ **Destination** - Please fill in this entire area with a name, address, city, state and zip of where the package should have been delivered to. If it was delivered and it was delivered damaged, please include the date that it was delivered in the bottom block.

⑤ **Detailed statement showing how amount claim is determined** - In this section you need to describe the items that were damaged or lost and their value based on what your cost for the item was. Also include the number of units that were damaged and the unit price and the extended price in the total claim column. If you have more items than can fit on the one page of the presentation of loss or damage claim form, please include an extra sheet in the same format. **Finally, you must include (i.e. vendor invoices, labor and material cost, or repair invoice).**

⑥ **Section six is broken up into two categories.** Section 6(a) is for damaged material. If your material was damaged, please answer the questions in section 6(a). If your material was lost please answer the questions in section 6(b) to the best of your knowledge.

Finally, on the bottom of the form is an area for the name, title and signature of a contact person. This information is extremely helpful in resolving claims and would be greatly appreciated. Regardless, the signature, and the date are required prior to any claim being paid. Finally, if you have any remarks or suggestions on how this process can be improved, please include them on the remark section on the bottom of the form.

Thank you for using Lanter Delivery Systems, Inc. as your parcel or overnight service. We will do our best to process this in a timely manner and do everything we can to come to a fair and just settlement.