

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) Loss <input type="checkbox"/> Damage <input type="checkbox"/> Short <input type="checkbox"/> COD Loss <input type="checkbox"/>	Total Claim Amount
	Date

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