



3775 Brickway Blvd #100
Santa Rosa, CA 95403 (800) 654-7200

Date: _____

This claim is for:
 Shortage
 Damage

Presentation of Shortage or Damage Claim

Claimant (Company Name)	
Address	
City & State	Zip
Phone Number	

Claimants Reference Number

PLEASE REFER TO THIS NUMBER IN ALL CORRESPONDENCE

Freight Bill Number

B/L Date	Wt. Of Shipment
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Shipper	
Address	
City & State	Zip
Phone Number	

Consignee	
Address	
City & State	Zip
Phone Number	

STATEMENT OF SHORTAGE OR DAMAGE

No. of PCs.	Description of Articles, Including Model, No., Etc	Amount Claimed
Total Amount Claimed		

The Following Documents Must Be Included To Process Your Claim.

1. Original vendor's invoice (proof of purchase cost) or photostatic copy showing all discounts (include entire invoice)
2. Legible copy of freight bill or original paid freight bill if available.
3. Original bill of lading or bond of indemnity inlieu thereof.
4. Carriers inspection report, where copy has been provided.
5. Invoice of materials purchased to complete repair, if applicable.

All Above Must Be Completed

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Signature of Claimant

The claimant certifies that the foregoing to be correct, and agrees to indemnify the carrier against all loss in the vent the original Bill of Lading and/or original freight bill are not submitted. Per governing Rules Tariff 100 - Located at http://www.mydoss.com/pdf/DOSS_100_04012021.pdf all claims are subject there of.