

COASTAL TRANSPORTATION, INC.

LOSS/DAMAGE CLAIM FORM

4025 13th AVE W
 SEATTLE, WA 98119-1350
 800-544-2580 206-282-9979
 Email: traffic@coastaltrans.com

FAX THIS FORM TO:
 800-821-6648 (FAX)
 ATTN: Traffic Dept.

Fill out form completely. Attach copies, photos, invoice, etc... to support the claim.

Name of Claimant/Company	Contact Person	Phone No.	Fax No.
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Address	City	State	Zip Code
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Location of Loss or Damage	Date Loss or Damage Discovered	File Date
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Invoice#	B/L#	Freight Receipt#	Other No.
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(1) Describe damage or reason for claim

(2)

(3)

Qty	Description of Cargo	Cost of Item
Grand Total of Claim		

Receipts are required for verification of value. Please be sure to attach receipts and/or estimates of repair charges. Claims must be submitted within 30 days of delivery. See BILL OF LADING TERMS AND CONDITIONS RULE NO. 8 NOTICE, CLAIM AND TIME FOR SUIT.