



# NORTHWEST DISTRIBUTION & STORAGE, INC

## PRESENTATION OF LOSS AND DAMAGE CLAIM

Northwest Distribution & Storage, Inc.  
 Freight Claim Dept.  
 PO Box 3670  
 Salem, OR 97302  
 Phone: (503) 362-2212 / Fax (503) 362-0488

File Date:  
  
 Claimant Reference:  
*(Optional)*

Claim Amount: \$	Visual Damage
NWDS Freight Bill #:	Shortage
Date Shipped:	Concealed Damage (Discovered after delivery)
Shipper:	Consignee:

**DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED FOR IS DETERMINED**  
*(Please include quantity, item #, description, nature, and extent of the loss.  
 All discounts and allowances must be shown.)*

Quantity	Description	Amount
Applicable Freight Charges		
<b>Total Amount Claimed</b>		

**IMPORTANT INFORMATION**

Please be aware that with any claim filed, a copy of the ORIGINAL VENDOR INVOICE IS REQUIRED FOR PROCESSING. Any claim received without this document is subject to denial based on NMFC Item #100110. For claims involving repair, a copy of the detailed repair invoice, which includes a breakdown and the cost of parts utilized, is required in addition to the original vendor invoice. In general, receipt of your claim will be acknowledged in writing within 15 days. Please allow 30 days for claims processing and resolution. You will be contacted by a claim representative if additional information is needed.

CLAIMANT – Mailing Address Please!

Signed:  
  
 Company:  
  
 Address:  
  
 City / St / Zip:  
  
 Phone Number: