



Standard Form For Presentation of Loss and Damage Claim

Please fill out the form as completely as possible.
Mail the completed form along with supporting documents to:

Top Worldwide
3039 Airpark Drive North
Flint, MI 48507
Fax: 810-233-7897

Documents needed in support of claim:

1. Copies of any other documents that are in support of your claim.
2. Copy of Inspection (Only if an inspection was performed on the shipment)
3. Copy of all invoices which verify your cost of repair or replacement.
4. Copy of original invoice pertaining to the shipment.

Claim Number:

Claim To:

Top Worldwide
3039 Airpark Drive North
Flint, MI 48507

Date:
Reference Number:
Carrier's PRO:
Account Number:

Claim For:

This claim for \$ is made against your company for (check one) Damage Loss
In connection with the following described statement:

Salvage Location:

Contact Name:
Address:
City: State: Zip Code
Phone:

Additional Shipment Information (optional):

Detailed Statement:**DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED**

(Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)

ALL DISCOUNT AND ALLOWANCES MUST BE SHOWN

Description	Amount

NMFC Item No. of commodity lost or damaged claim:	Total Amount

Documents Attached:

The following documents are submitted in support of this claim:

 Original invoice of certified copy Other particulars obtainable in proof of loss or damage claimed:

Indemnity Agreement:

In the absence of the Original Freight Bill and/or Original Bill of Lading, we agree to hold the above named carrier to whom this claim is presented and any other participating carrier, harmless and indemnified against any and all lawful claims which may be made against it or those arising out of the same shipment and will pay to said carrier and any participating carrier(s), all losses, damages, costs, council fees or any other expenses which they or any of them may suffer or pay by reason of payment of our claim, herein described, without the surrender Original Freight Bill or Bill of Lading, as such was not provided and/or cannot be located.

The foregoing statements of facts is hereby certified as correct.

Date:

Claimant's Name:

Signature:

Company Name:

Address:

City: State: Zip:

Phone #:

Email: