



**TP Freight Lines**  
**L.C Hall's Truck Lines**  
 P.O. Box 580  
 Tillamook, OR 97141

**CARGO LOSS & DAMAGE CLAIM**

Claimant Name (Payable to)	Claimant Reference Number	Date Prepared
Mailing Address	TP/LC Hall Pro Number	Claim Type ___Shortage ___Damage
City, State, Postal Code	Contact Name	Contact E-mail Address
Remit to Address (if different than above)		Contact Phone Number

*Claim is Made with TP Freight Lines / L.C. Hall's Truck Lines on the following described*

Consignee	City, State & Postal Code
Shipper	City, State & Postal Code

**DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM IS DETERMINED**

Quantity	Description/ Part Number	Wgt per item	Cost Per Item	Extended Total

**DOCUMENTS REQUIRED IN SUPPORT OF YOUR CLAIM:**

- ◆ Original invoice or certified copy showing pieces
- ◆ Repair bill or certified copy (if repaired) showing material used & labor rate per hour
- ◆ Additional documents (photos, statements, etc.). Do not fax pictures  
- email them referencing pro number
- ◆ Weight of item(s) claimed.

**NOTE:**

To expedite the handling of our claim, please include the above mentioned documents as your **CLAIM WILL NOT BE PROCESSED** until properly supported.

All Claims must be filed no more than 9 months from the date of delivery  
**CLAIMS FILED AFTER THIS PERIOD WILL NOT BE ACCEPTED**

\_\_\_\_\_  
Signature