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Claim Form for Loss and Damage

Date: _____

Claimant's Company: _____

Claimant's Reference Number: _____ FLG Bill Number: _____

Consignee: _____

Point Shipped From: _____ Final Destination: _____

This claim for \$ _____ is made against FLG for ___ Damage ___ Shortage

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.**

Qty	Item#	Description	Invoice Cost

Total Amount Claimed: _____

If your claim is filed for damage and mitigation through repair or allowance is not possible, please explain why and provide contact information for salvage pick up. Salvage should be held until investigation of claim is completed.

Explanation: _____

Salvage Contact: _____ **Phone:** _____ **Fax:** _____

The following documents are submitted in support of this claim.

- Original invoice or certified copy
- Delivery Receipt
- Photos
- Other: _____

The foregoing statement of facts is hereby certified as correct.

Claimants Address: _____ **Phone:** _____
_____ **Contact:** _____

Authorized Signature: _____ **Date:** _____

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