

*** Required fields****Use this form to report cargo loss, damage, shortage, or concealed damage relating to a shipment handled by Black Eagle Linehaul Services LLC.**

Complete all known shipment and claim details. Supporting documents help speed review and resolution.

1. CLAIM DETAILS

Claim date *

Your file reference

Carrier freight bill / BOL # *

Total amount claimed \$ *

Claim type *

☐ Damage☐ Loss☐ Shortage☐ Concealed damage☐ Other

2. SHIPMENT INFORMATION

Date of Bill of Lading *

Date delivered / discovered

Point shipped from *

Final destination *

Invoice / reference number

3. SHIPPER AND CONSIGNEE

Shipper name *

Consignee name *

Pickup contact / phone

Delivery contact / phone

Black Eagle account #

4. DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

Describe the shipment, articles involved, nature and extent of loss or damage, quantity affected, invoice value, freight charges, and how the claim amount was calculated.

5. SUPPORTING DOCUMENTS SUBMITTED

Check all documents included with this claim

- | | |
|---|---|
| ☐ Original Bill of Lading | ☐ Document bearing notation of loss or damage |
| ☐ Carrier inspection report / photos | ☐ Complete invoice or copy showing cost of goods |
| ☐ Proof of delivery / delivery receipt | ☐ Repair invoice / estimate / replacement quote |
| ☐ Other | <input type="text"/> |

6. CLAIMANT INFORMATION

Your company name *

Street address / P.O. box *

City, State, ZIP *

Your name *

Your phone *

Your fax

Your email address *

Preferred response method

7. COMMENTS, CERTIFICATION, AND AUTHORIZATION

Additional comments

I certify that the information provided in this claim form and all supporting documents is true and correct to the best of my knowledge. I understand Black Eagle Linehaul Services LLC may request additional information during claim review.

Authorized signature *

Title

Date *

SUBMIT VIA EMAIL

RESET FORM