STANDARD FORM FOR PRESENTATION OF LOSS OR DAMAGE CLAIM

To: MOUNTAIN VALLEY EXPRESS CO INC
Attn: Cargo claims
PO Box 2569
Manteca, CA 95336
PH 800-237-9669 x 1500 FAX 209-249-6622
EMAIL: cargoclaims@mtnvly.com

DATE: _____

CLAIMANTS # _____

CARRIERS PRO # _____

This claim is for $_____made against Mountain Valley Express for __shortage __visible damage__concealed damage

SHIPPER: _____ CONSIGNEE :_____

ADDRESS: _____ ADDRESS: _____

CITY: _____ CITY: _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED: NUMBER AND DESCRIPTION OF ARTICLES, NATURE OF LOSS OR DAMAGE, WEIGHT OF DAMAGED ITEM(S) INVOICE PRICE OF ARTICLES, AMOUNT OF CLAIM, ETC. ALL DISCOUNTS AND ALLOWANCES MUST BE SHOWN.

_____

_____|_____

_____|_____

_____|_____

_____|_____

Total amount of claim $_____

NOTE:CLAIM SHOULD BE SUPPORTED BY THE FOLLOWING DOCUMENTS. FAILURE TO INCLUDE SUFFICIENT DOCUMENTATION MAY DELAY OF THE CLAIM.

_____ COPY OF ORIGINAL INVOICE ____ COPY OF REPAIRS _____ DIGITAL PHOTOS OR INSPECTION REPORT
_____ COPY OF REPLACEMENT INVOICE AND FREIGHT BILL _____WEIGHT OF CLAIMED ITEM(S)

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED AS CORRECT.

_____
Company name

_____
Address

_____
City, State, Zip code

_____
Date

_____
Phone # Fax #

_____
Email address

_____
Claimants name and Signature

Rev 1/12