



Elite Transportation, LLC
 Attn: Claims Department
 200 West Douglas St, Ste 520
 Wichita, KS 67202
 Phone: (316) 295-4829
 Fax: (316) 295-4873
 claims@elite-transportation.net

CLAIM FORM: PRODUCT LOSS/DAMAGE

CLAIMANT INFORMATION

Company Name: _____ Contact Name: _____
 Address: _____ Telephone: _____
 City, State Zip: _____ E-mail: _____
 Claimant ID # (if applicable): _____ Date of Claim Submission: _____
**Claims must be submitted within 72 hours of incident

SHIPMENT INFORMATION

Date of Shipment: _____ Elite Transportation BOL #: _____
 Shipper: _____ Consignee: _____

CLAIM INFORMATION

**One claim form per item please

Total Cost of Claim: _____ Item claimed: _____
**Replacement cost will be at cost of item – not retail prices, no taxes included **A copy of cost and retail must be furnished before claim can be processed

Description of Item: _____

 Description of damages: _____

**Please provide a minimum of 3 pictures of damages from different angles close up and one from a distance to show whole item **If you are requesting reimbursement, the item MUST be turned over to Elite Transportation **If requesting repairs, we will repair to original condition

All claims must be submitted within 72 hours of the incident. Please note we are NOT responsible for concealed damages. Elite Transportation has 30 days to acknowledge a claim in writing and 120 days to process the claim. We appreciate your patience during this time. Please do not apply any claim amounts to billing statements prior to claim approval.

All items being claimed for replacement must have the claim number attached to the item and the item must be returned to the Wichita Dock for review by an Elite Manager. We will not be responsible for claims for items improperly packaged, improperly loaded onto pallets, items without shipping protections for product such as padding, bumpers, proper strapping onto pallets and not loaded correctly onto center of pallet. We may refuse pick up of items with visible damage, to include cosmetic damage, nicks and dings, boxes with damage and/or sound of broken items in boxes.

Signature: _____ Date: _____

FOR INTERNAL USE ONLY

Date Received: _____ Received By: _____ Date Reviewed: _____ Reviewed By: _____
 Date Processed: _____ Processed By: _____ Claim Completed: _____ Completed By: _____
 Claim: Approved Denied Claim Amount: _____ Claim Submitted: Credit Check Claim #: _____
(Circle One) (Circle One)