

Standard Form for Presentation of Loss and Damage Claim

Mail To: TDS, Inc
550 Village Center Dr, Suite 100
Saint Paul, MN 55127
Email To: monica@tdsd.com
Fax To: 651-483-8989
Questions: 651-483-1300

Date of Claim _____
Claimants Number _____

This claim is made against your company for _____ (damage) _____ (loss) in connection with the following shipment:

Shipper Name

Shipper City/State

Carrier Name

Ship Date

Consignee Name

Consignee City/State

Carrier Pro Number

Deliver Date

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED - ALL DISCOUNTS/ALLOWANCES MUST BE SHOWN
Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.

Description	Totals
_____	_____
_____	_____
_____	_____
_____	_____
	\$

The following documents are submitted in support of this claim:

Total amount claimed

- ___ Bill of Lading
- ___ Proof of Delivery
- ___ Manufacturers Invoice, supporting cost of goods

- ___ Paid TDS Freight Bill
- ___ Carriers Inspection Report Form (if necessary)
- ___ Other Documents/Pictures

Claimants Name / Title

Signature

Company Name / Remit To

Address
