



For Carrier Use Only:	
File #	

# STATEMENT OF CLAIM

CRST Specialized Transportation, Inc.  
PO Box 80520 Fort Wayne, IN 46898

**Phone:** (260) 459-8335    **Email:** fwasticlaims@crst.com

<b>Claimant Company Name</b>		
Contact Name		
Mailing Address		
City	State	Zip
Phone number		
Email		

STI Contract #	Claimant's Reference #	Weight of damaged or missing portion

**This claim is made**     Damage  
**against STI for:**     Concealed Damage  
                                    Shortage  
                                    Delay

ARTICLE	DESCRIPTION OF DAMAGE OR SHORTAGE	INVOICE COST	AMOUNT CLAIMED
<b>TOTAL</b>			<b>\$</b>

**In addition to the information stated above, the following documents are submitted in support of my claim:**

- 1. Copy of the bill of lading and inventory.
- 2. Copy of paid freight bill.
- 3. Original or certified copy of purchase invoice.
- 4. Document to support weight(s) of damage/missing article(s)
- 5. Documents to support repair cost
- 6. Photos of the damaged article(s), please e-mail or mail, showing the overview of item(s) damaged and the specific area of damage.

Please explain the absence of any of the documents called for in connection with your claim:

**FAILURE TO SUBMIT THE PROPER DOCUMENTS TO SUPPORT YOUR CLAIM MAY RESULT IN A DELAY/DENIAL OF YOUR CLAIM. AS A CONDITION PRECEDENT TO RECOVERY A CLAIM MUST BE FILED IN WRITING WITHIN NINE MONTHS AFTER DELIVERY.**

*I certify that the statements made above and the documents attached are true and correct, constituting the complete and entire claim and that no material information has been withheld from the carrier.*

Signature of claimant

Printed name

Date