



# Oak Harbor Freight Lines, Inc.

## Presentation of Loss and Damage Claim



Oak Harbor Freight Lines, Inc.  
Attn: Freight Claims Department  
P.O. Box 1469  
Auburn, WA 98071-1469  
Phone (253) 288-8300 / Fax 888-881-2890  
Email: Claims@oakh.com

File Date: \_\_\_\_\_

Claimant Reference #: \_\_\_\_\_  
(Optional)

Claim Amount: \_\_\_\_\_  
OHFL Freight Bill # \_\_\_\_\_  
Date Shipped: \_\_\_\_\_

- ☐ Visual Damage  
☐ Shortage (Noted on Delivery Receipt)  
☐ Concealed Damage (Discovered After Delivery)

Shipper: \_\_\_\_\_

Consignee: \_\_\_\_\_

### **DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED FOR IS DETERMINED:**

*(Please include quantity, item #, description, nature, and extent of loss/damages)*

*\*\*\*All discounts and allowances must be shown\*\*\**

Quantity	Description	Weight (lbs)	Amount
Applicable Freight Charges:			
Total Amount Claimed:			

### **IMPORTANT AND REQUIRED INFORMATION**

Please be aware that with any claim filed, a copy of the **ORIGINAL VENDOR INVOICE IS REQUIRED** for processing. **Any claim received without this document is subject to denial based on NMFC Item #300110.** For claims involving repair, a copy of the detailed repair invoice, which includes a breakdown and the cost of parts utilized, is required in addition to the original vendor invoice. In general, receipt of your claim will be acknowledged in writing within 15 days. Please allow 30-120 days for claims processing and resolution. You will be contacted by a claim representative if additional information is needed. ***Important: Damaged freight to include original packaging must be retained until resolution of the claim for possible salvage and/or inspection purposes! (Unless items are subject to repair).***

### **CLAIMANT: (Mailing Address Please!)**

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### **REMIT TO: (If Different Than Claimant)**

Company: \_\_\_\_\_  
Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

### **Salvage Information**

Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_