



Claim Form

Please select service level:

For lost or damaged U.S. Shipments
 Loss Damage

Ground Priority Early AM Same Day
Date of Claim Submission (MM/DD/YYYY) _____

Please Select Claim Type

Sender Information

Sender's Name _____
Company _____
Address _____
City _____ State _____
E-Mail _____ Zip _____
Phone _____ Fax _____

Recipient Information

Recipient's Name _____
Company _____
Address _____
City _____ State _____
E-Mail _____ Zip _____
Phone _____ Fax _____

Tracking Number

BOL Number

Shipment Information

Ship Date (MM/DD/YYYY) _____ No. of Packages _____ Weight _____

Contents of Shipment _____

Describe Damage to Outer Package _____

Describe Damage to Inner Package _____

Declared value \$ _____ Freight Charge \$ _____

Total Claim/COD Amount \$ _____

Required Signature

I certify that I filled out this form to the best of my knowledge and the information contained within is certified as correct

I am the:
 Shipper

Signature _____ Date (MM/DD/YYYY) _____

Recipient

Claimant's Name _____ Phone _____

Third Party

Claimant's Address _____

E-Mail or Fax

For quickest response email to asteiner@easternconnection.com along with any supporting documentation.

You may also fax to 781-926-7291, but please notify Claims, via the above email, once faxed.