



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 888-700-8582
 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: _____