

Loup Logistics Company Vehicle Damage Claim Form



Directions: Email completed form to claims@shipcarsnow.com

Claimant's Reference Number _____ Claim Date: _____

The following information must be provided in order for ShipCarsNow to constitute this a valid claim.

This claim is for the following identified reason(s): Check all that apply

- Vehicle Damage
 Loss of Sale
 Lost or Stolen Vehicle

COMPUTATION OF AMOUNT(S) CLAIMED

(Please Print or Type All Information on this Claim Form Clearly)

VIN (last 8)	Date Damage Found	Vehicle Year/Make/Model	AIAG Damage Codes and/or Description of Damage	Vehicle Damage Type (see below)	Repair Estimate (\$)	Final Repair Cost(\$)
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
Total Amount Claimed					\$	\$

Vehicle Damage Type:

- Type 1 – Repairable
- Type 2 – Loss of Sale
- Type 3 – Lost or Stolen

Continued on Page 2

**Loup Logistics Company
Vehicle Damage Claim Form**



Claimant certifies that the above statement of facts and claim amounts are correct. If claimant is unable to furnish original bill of lading and / or original paid freight bill account lost or destroyed, claimant hereby guarantees to indemnify and hold harmless Loup Logistics Company, and any Loup contracted carrier against all loss, damage, costs and attorney's fees which may result from payment of this claim without surrender of original documents.

Company Name:

Company Billing Address

Remittance address if other than above

Claimant Title

Claimant Phone Number

Claimant E-mail address:

Claimant's Signature

Claimant Remarks:

Note: Prior to payment of any damage claim Loup Logistics Company, at its own expense, reserves the right to request that an independent third party inspector examine the damaged vehicle(s). The damage amount determined by the third party inspector for any vehicle will be final. Neither party will seek review of the report unless such report is arbitrary or capricious.