

GlobalTranz Claims Assistance Department 5415 E. High St. Blvd A9 Ste 460 Phoenix, AZ 85050 FAX# (928) 759-2579

CAKGO FO22 O	R DAMAGE SUBMITTED BY:					
Claimant Nam	ie:	Date Prepared:		Contact Email Add	ress:	Δ-
Ishaar	1 Enterprise	09 12 16		MOVINGSUPP	lies bory	overwy ma
Address:		PRO Number:		BOL Number:		······································
4135 P	estana place	561-47	853H-X	1229	1114	
City, State, Zip): 	Contact Name:	1 .	Phone Number:	*	-111
	int CA 94538	Ketan i	Padhyay	5033	52	766
Claim Type:		Carrier's Name:	destriction of the second section of the section of the second section of the second section of the section of the second section of the section of	GlobalTranz Sales	Rep's Nami	p ;
Shortage	Lost Damage Concealed	Yrc		CHAD	14(1)	
CLAIM IS MADE	ON THE FOLLOWING DESCRIBED	SHIPMENT:	And the second s		,	
	un Enterprise		City, State & Zip:	euna ph, F	remon	t CA 9483
	ore 34 & Glean		l City Ctata Q. Time	· ·	19401	· · · · · · · · · · · · · · · · · · ·
DETAILS OF CLA	AIM:					
Quantity		Product Description	on/Item		Weight	Claim Amount
21	Packing	Tope		, , , , , , , , , , , , , , , , , , , ,	521	\$ 950
		•				\$
	shipping (Freight		The second secon	······	\$ 195
			<u>, , , , , , , , , , , , , , , , , , , </u>			\$
		· · · · · · · · · · · · · · · · · · ·	· 			\$
Freight/Shlipping.	i /tiki taztigiki terikat esperativise gi					
Lipangers of the second	complete places, some per the se	ar o en			50-15 per 10	A CONTRACTOR
Hee congrator	nage if additional room to need a	J			TOTAL	5/1/25

THERE IS A MINIMUM CLAIM AMOUNT OF FIFTY DOLLARS (\$50.00) ON DAMAGE/SHORTAGE CLAIMS IN ORDER FOR GLOBALTRANZ TO FILE A CLAIM WITH A CARRIER. ANYTHING UNDER FIFTY DOLLARS (\$50.00) WILL NOT BE ACCEPTED.

Concealed Damago/Shortage claims MUST be reported to the carrier's OS&D Department directly by the customer or the agent within 5 business days from delivery in written/electronic form. You are NOT filing a claim, only reporting concealed damages. This must be done prior to a claim being filed.

DOCUMENTS REQUIRED IN SUPPORT OF YOUR CLAIM

- Original invoice or certified copy showing prices (wholesale invoice, manufacturer invoice, showing the actual value of the product) (This
 is not the invoice for freight charges).
- Repair bill or certified copy (if repaired) showing material used & labor rate per hour
- Carrier's inspection report (if applicable)
- Additional documents (photos, statements, packing slip, etc.)
- Replacement Shipment Information (if applicable) (Replacement shipments MUST be shipped with the same carrier unless the replacements
 are going ground; such as UPS or FedEx ground)

PARTY IN POSSESSION AGREES TO KEEP ALL FREIGHT/PACKAGING UNTIL CLAIM IS COMPLETELY PROCESSED AND SETTLED.

The above documents may be faxed to our Claims Assistance Department to 928-759-2579 or emailed to: claimsdpt@globaltranz.com. Upon receipt, our Claims Assistance Department will help you in presenting your claim to the motor carrier.

Moving Supplies Bay Area

4135 Pestana Place Fremont CA 94538

Invoice

Date	Invoice#			
8/29/2016	25929			

Bill To	.,	 	
THE UPS STORE # 5325 34 EAST GERMANTOWN PIKE, NORRISTOWN, PA 19401	 ,		

Ship To	
THE UPS STORE # 5325 34 EAST GERMANTOWN PIKE, NORRISTOWN, PA 19401	

	S.O. No.	P.O. No.	Terms	Project
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	25380		İ	

Item	Description	Order	Prev. Inv	Backor	Invoiced	U/M	Rate	Amount
CT22110 CT23110	2" x 110 Yards Clear 2.0 Mil 3" x 110 Yards Clear 2.0 Mil	10 10	0	0	10 10	<u>,</u>	49.50 45.00	495.00 450.00
	www.yrc.com							
	tracking 561478534							
₩.ºº								
						,		
			,		Total	,, <u>,, ,, , , , , , , , , , , , , , , ,</u>		\$945.00

Payments/Credits \$0.00

Balance Due \$945.00