



FREIGHT LOSS AND DAMAGE CLAIM

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| <p>If <u>faxing</u> your claim, please fax to:</p> <p style="text-align: center; margin-top: 20px;">Fax (866) 954-7170</p> | <p>If <u>mailing</u> your claim, please mail to:</p> <p style="text-align: center; margin-top: 20px;">Cargo Claims Administration Sunteck Transport Co., Inc. 6413 Congress Avenue, Suite 260 Boca Raton, FL 33487</p> |
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| <p>CLAIMANT:</p> <p>_____</p> <p>Claimant's Name</p> <p>_____</p> <p>Claimant's Street Address</p> <p>_____</p> <p>Claimant's City, State and Zip Code</p> | <p>PAYABLE TO (REMIT TO):</p> <p>_____</p> <p>Addressee</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City, State and Zip Code</p> |
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| <p>Claim Amount:</p> <p>\$ _____</p> | <p>Claim for: <input type="checkbox"/> Damage caused by temperature variation</p> <p style="margin-left: 40px;"><input type="checkbox"/> Shortage <input type="checkbox"/> Damage <input type="checkbox"/> Other (please specify)</p> |
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| SHIPPER: | CONSIGNEE: |
| ORIGIN: | DESTINATION: |
| SUNTECK LOAD NO.: CLAIMANT LOAD NO.: | PICKUP DATE: DELIVERY DATE: |
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| DESCRIPTION OF CLAIM AND CALCULATION OF DAMAGES: |
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| <p>If the claim involves damaged goods, please check one of more of the following:</p> <p><input type="checkbox"/> Damaged goods can be repaired for approximately \$_____.</p> <p><input type="checkbox"/> Damaged goods can be used "as is" for a salvage allowance of \$_____.</p> <p><input type="checkbox"/> Damaged goods are available for carrier pickup.</p> <p><input type="checkbox"/> Damaged goods are unavailable (please explain)</p> <p style="margin-left: 40px;">_____</p> |
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| <p>To avoid delay in processing your claim, please attached the required documentation:</p> <ol style="list-style-type: none"> 1. Original Bill of Lading (or copy if original is not available). 2. Invoice showing price of lost or damaged goods. 3. Consignee's copy of the freight bill bearing loss or damage notations. 4. Other particulars in proof of loss or damage claimed. |
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Signature of Claimant



Phone: 1-561-988-9456, ext. 267

Fax: 866-954-7170

Email: irene.bush@suntecktransport.com

Information for Filing a Claim

Please provide the following information so that Sunteck may process your claim with the responsible motor carriers and insurance providers:

1. Failure of claimant to pay Sunteck's invoice (for claim load) will result in delay in processing.
2. The claim must be in writing and specify a determinable amount of actual freight damage or loss, reason for claim (damages, loss, and shortages), invoice (load) number, date, contact person / claimant name and address and otherwise must meet the requirements under the law. In certain cases, we will ask you to execute an appointment and limited power of attorney.
3. The claim must be filed within nine (9) months from date of loss or damage, typically the date of delivery. In the event of non-delivery, then the date of loss is deemed to be the date which allows a reasonable time for delivery. Certain limitations apply on shipments originating from Canada.
4. If available, the documents required to be included with the claim form:
 - **Bill of Lading (or Bond of indemnity)**
 - **Proof of Delivery with shortage/damage noted**
 - Original Invoice showing all discounts / costs of lost or damaged freight
 - Credit memo
 - Repair invoice, or written estimate of loss as applicable
 - Other items regarding damages (i.e. pictures, police report, appraisals)

Send claim documentation to: **Cargo Claims Administration**

Sunteck Transport Co., Inc.

6413 Congress Avenue, Suite 260

Boca Raton, FL 33487

1-561-988-9456, ext. 267

**APPOINTMENT OF SUNTECK TRANSPORT CO., INC. AS
CARGO CLAIMS ADMINISTRATOR AND
LIMITED POWER OF ATTORNEY**

_____, hereby appoints Sunteck Transport Co., Inc. as its cargo claims administrator with limited power of attorney (as hereinafter set forth) to act on its behalf in the prosecution, collection, and settlement of its cargo claim number _____ (Sunteck claim number _____).

LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that _____, by its undersigned officer, has made, constituted and appointed, and by these presents does make, constitute and appoint Sunteck Transport Co., Inc., its true and lawful attorney for it and in its name, place and stead, giving and granting unto Sunteck Transport Co., Inc., as said attorney, full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as he might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that Sunteck Transport Co., Inc., as said attorney, or his substitute, shall lawfully do or cause to be done by virtue hereof **in matters arising from and involving Cargo Claim Number _____**

This Power of Attorney shall expire the later of twelve (12) months from the date hereof and the final settlement of the Claim Number _____.

Dated this ____ day of _____, 2010.

Insert Name of Claimant

By:
Its:

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 2010, by _____, the _____ officer of _____, who is personally known to me or who has produced as identification and who did (did not) take an oath.

(SEAL)

Signature of Notary

Printed Name