



SAME DAY AND NEXT DAY TRUCKING

11637 Los Nietos Road, Santa Fe Springs, CA 90670

Bus: (562) 908-2728 Fax: (562) 908-2667

Loss/Damaged Freight Claim Form

To:

Glova Link Corporation
11637 Los Nietos Road
Santa Fe Springs, CA 90670

Date: _____

The claim for \$ _____ is made against Glova Link Corporation for:

☐ Shortage

☐ Concealed Damage

☐ Visible Damage

☐ Other _____

Shipper: _____

Consignee: _____

Date of Bill of Lading: _____

Date of Delivery: _____

Ref. or Job Number: _____

of Pieces Claimed: _____

Detailed Statement Showing How Claim Amount Is Determined

(number, description of articles, nature and extent of loss/damage, invoice price of articles, amount of claim, etc.
All Discounts and Allowances must be shown.

	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Amount Claimed	\$

The following documents are submitted in support of this claim (if applicable):

☐ Original Bill of Lading

☐ Detailed Claim Statement

☐ Original Paid Freight Bill of other carrier
document bearing notation of loss/damage.

☐ Other Particulars Obtainable in Proof of
Loss/Damaged Claimed.

☐ Original Invoice or Certified Copy

☐ Other, Please Specify: _____

Claimants Name: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Phone# _____

Signature: _____

Please fax this form including any other documents that support your claim to (562) 908-2667. Any other questions please contact our main office at (562) 908-2728.

NOTICE: You have 30 days from the date of delivery to file a claim. Any claims received after the 30 day period will be considered closed. Glova Link Corporation will acknowledge a claim within 10 days of receipt in writing. After which, please allow no more than 30 days from the claim date for processing.