



PRESENTATION OF FREIGHT CLAIM

Date Filed: _____

Date of Loss: _____

Shortage Damage

Other (Please Specify Below)

R&R Load Number: _____

Claimant Reference Number: _____

Claimant Info:

Payable To: (Same as Claimant, check here)

Company:	
Street Address:	
City State Zip:	
Contact Name:	
Contact Phone:	
Contact Email:	

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Contact Name:	
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Product	Description of Damage	Unit Count	Cost
			\$
			\$
			\$
			\$

Total Weight of Product Claimed _____

Total Amount Claimed: \$ _____

Description of Claim & Calculations of Damages

- To avoid delay in processing your claim, please attach the required documentation:
- Original BOL (or copy if necessary)
 - Invoices showing price of claimed goods
 - Consignee's copy of the freight bill showing loss or damage notations
 - Any other importation documentation regarding claimed goods
 - A copy of the services agreement signed by R&R Express, if applicable

If the claim involves damaged goods, please check one or more of the following:

Can be repaired for approximately \$ _____

Can be used for a salvage allowance of \$ _____

Claimed product is available for pickup? Yes No

Claimed product is unavailable? Yes No

If yes, please explain:

Claimant Representative

Signature: _____

Print Name: _____

Title: _____

Please contact the Claims Department at claims@shiprrex.com with any questions.

INFORMATION FOR FILING A CLAIM

Please provide the following information so that we may process your claim:

1. Failure of Claimant to pay freight charges invoice (for claim load) will result in delay.
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 claims@shiprrexp.com.

**APPOINTMENT OF THE COMPANY AS CARGO CLAIMS ADMINISTRATOR
AND LIMITED POWER OF ATTORNEY**

_____, hereby appoints R & R Express, 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 _____ (R&R 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 R & R Express, Inc., its true and lawful attorney for it and in its name, place and stead, giving and granting unto R & R Express, 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 R & R Express, 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 _____, 2021.

Name of Claimant: _____
By: _____
Its: _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 2021,
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