



FURNITURE TRANSPORT GROUP

CARGO CLAIM FORM

At Furniture Transport Group we strive to make filing a claim easy. Proper information at the time you submit a claim can save time in resolving your claim. Please fill out our forms **completely**. This includes filling out all sections containing lines and check boxes on both the claim form and the inspection report. Without all this information claims cannot be processed. We will notify you by email if any additional information is needed. If you are having any trouble filling out the paper work, please do not hesitate to call for assistance. We want to make every effort to settle your claim in a fair and timely manner.

Phone 1-800-646-8726

Dee Goodwin Ext 8315 or Phyllis Pardue Ext 8308

Fax: 336-812-8229

dgoodwin@mgmtransport.com or ppardue@mgmtransport.com

***PLEASE DO NOT ORDER A REPLACEMENT UNTIL AUTHORIZED**

COMPANY NAME: _____ AMOUNT OF CLAIM: _____

ADDRESS: _____ YOUR REFERENCE NUMBER: _____

CITY, STATE, ZIP: _____ DATE OF CLAIM: _____

Claim is for: Shortage Damage Concealed Damage

DOCUMENTS REQUIRED IN SUPPORT OF CLAIM

- CARRIERS FREIGHT BILL / PRO NUMBER : _____
- Copy of original Manufacturer/Shipper Invoice (All pages)
(ITEMS BELOW REQUIRED FOR DAMAGE CLAIMS ONLY)
- Invoice For Cost of Repairs and/or Parts
- Inspection Report **
- All damage claims must be supported with photos of the item and the carton (*Please Do Not Fax Photos*)

E-MAIL ADDRESS FOR PHOTOS

photos@mgmtransport.com

Item # _____	Item Description _____	Claim Amount _____
--------------	------------------------	--------------------

(IF YOUR CLAIM INVOLVES MORE THAN ONE ITEM PLEASE ATTACH AN ITEMIZED LIST TO THIS PAGE)

Claimants Signature _____ Direct Phone Line _____

Print name exactly as above in signature _____ Fax # _____

E-mail Address _____

****See Page 2 for Damage Inspection Report**

©Furniture Transport Group 04-10-09

INSPECTION REPORT

IMPORTANT-PLEASE DO NOT DISCARD THE CONTAINER/CARTON AND ANY PACKING MATERIALS.

**NOTE: If there is more than one item damaged, please complete an inspection form for each item.*

To process any claim, we need some basic information about the damage. Please complete all sections.

Photos of the piece and the carton greatly enhance our ability to resolve your claim quickly.

What is damaged? ITEM# _____ DESCRIPTION (chest, bed, etc....) _____

Please describe the damage: _____

Is the original container and packing still available? ___ YES ___ NO Where is the freight now? _____

Were all packing materials intact? ___ YES ___ NO (please explain) _____

Is the container/carton damaged? ___ YES ___ NO If so, Where? _____

Could this problem be a result of a manufacturing defect? ___ NO ___ YES (please explain) _____

Was the freight manufactured in the USA? ___ YES ___ NO

Could this item be repaired? ___ Locally ___ Only by Mfg. ___

Can not be repaired because: _____ REPLACEMENT NEEDED YES NO

Can the item be sold at a discount to compensate for damage?

___ YES/List disc. amount _____ ___ NO (please explain) _____

Where was the freight (location) when the damage was discovered? (Please be as specific as possible)

Date Damage Discovered _____ By Whom was the damage discovered? _____

Type of Container Carton Box Crate Wrap Other _____

PLEASE DESCRIBE THE PACKING BY CHECKING ITEMS THAT APPLY FOR CARTONED, CRATED, BOXED, OR FOR WRAPPED ITEMS

___ Corner Pads ___ YES ___ NO

___ Wooden skid (runners) ___ YES ___ NO

___ Pads under Feet/Legs ___ YES ___ NO

___ Styrofoam Filler ___ YES ___ NO

___ Plastic Wrap ___ YES ___ NO

___ Kraft Paper ___ YES ___ NO

___ Bottom Tray ___ YES ___ NO

___ End Caps ___ YES ___ NO

What was the bottom of the damaged item resting on? ___ Corrugated pads ___ Skid ___ Inside bottom of carton

___ Item was suspended in carton

What was in between the inside carton sidewall and the product?

___ Tissue/foam ___ Styrofoam blocks ___ Other(explain) _____

Were there any precautionary markings? (e.g. Fragile, This side up, Arrows, etc...) ___ YES ___ NO. Please list markings

Please describe your receiving facility

___ Truck Height Dock ___ Ground Level Receiving

___ Other(explain) _____

NOTE: This report is merely a statement of facts and does not acknowledge carriers liability. This is not a claim.

Please note that the shipping carton must be held until the claim is resolved. Thank you again for your cooperation.

Inspection done by _____ Date _____

If there is additional information you would like us to know about your claim please feel free to attach it to your claim file.

©Furniture Transport Group 4-10-09