



M2 Transport's Presentation of Loss and/or Damage

Date: _____
Claimant Company: _____
Claimant Address: _____
Phone: _____ Fax: _____

To:
M2 Transport
1745 Phoenix Blvd.
Suite 200
Atlanta, GA 30349
FAX: 404.608.6019
ops@m2transport.com

Amount of Claim: _____
M2 Transport's Bill of Lading #: _____
Ship Date: _____

(IMPORTANT: UNABLE TO PROCESS WITHOUT THIS INFORMATION COMPLETED.)

Claim filed for: _____ Visual Damage (Noted on Freight Bill)
_____ Shortage (Noted on Freight Bill)
_____ Concealed Damage (Discovered after Delivery)
_____ Concealed Loss (Discovered after Delivery)

Detailed statement substantiating amount of claim:

Send this claim form, along with the following to the fax or e-mail above:

- Photos of damaged merchandise (if possible)
- Copy of original bill of sale
- Copy of repair invoice or replacement invoice for damaged item
- Signed delivery receipt indicating damages/loss (if possible)
- Inspection report, if applicable

Damaged goods, along with packaging, must be retained until the claim is resolved, or until the claimant is given disposition by the carrier. Early filing enhances our ability to process quickly. The majority of claims are concluded within ninety (90) calendar days. All claims will be acknowledged within thirty (30) days of receipt of the claim form. All freight charges must be paid before a claim will be concluded. Please forward payment of freight charges to be credited to your account.

Filed by: _____ Date: _____

Print Name: _____ Phone # _____