

Freight Shortage & Damage Claim Form

Please provide as much information as possible to support your claim.

CLAIMANT COMPANY	THIS CLAIM IS FOR (CHECK ALL THAT APPI	_Y)
Contact Person : Phone : Email : Street : City, State, Zip : Carrier Freight Bill # : Freight Bill Date : Weight of Shipment :	THIS CLAIM IS FOR (CHECK ALL THAT APPI Damage Concealed Damage Shortage AMOUNT CLAIMED	Coldchain Dry Coldchain
Please include photos of any damages. Submit photos to: claims@paceairfreight.com SHIPPER INFO	Repair Allowance	
Company Name:		
Address:	<u>City, State:</u>	<u>Zip Code:</u>
CONSIGNEE INFO		
<u>Company Name:</u>		
Address:	<u>City, State:</u>	<u>Zip Code:</u>



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Pieces	ltem #	Item Description, Model #, Serial #, etc.	Unit Cost	Amount Claimed		
TOTAL AMOUNT CLAIMED \$						
Please attach the following documents in support of your claim (in addition to photos): Copy of Delivery Receipt Vendor's Invoice Inspection Report						
Upon receipt of a claim, PACE Air Freight will promptly initiate an investigation and establish a CAPA, as required by PACE SOP 04- 0102 Deviation & Customer Complaint Reporting						
Prior to any settlement, PACE Air Freight will request applicable salvage rights. If salvage rights cannot be obtained through no fault of this carrier, it is likely that this claim will be denied.						
PACE AIR FREIGHT Limits of Liability. Declared valuations agreed and understood. PACE AIR FREIGHT, Inc.'s liability limited to the actual damages sustained but in no event higher than \$.50/lb.(domestic freight), or whichever is less, unless a higher valuation is declared and charges paid thereon.						

Preparer's Name (Print)

_ Preparer's Signature _

Don't forget to save a copy for your records before sending.

Send to Pace

claims@paceairfreight.com