



# CLAIM FORM

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Shipment Date: \_\_\_\_\_

Sterling BOL: \_\_\_\_\_

Amount being claimed: \_\_\_\_\_

Description of Items lost/damaged:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide commercial invoice showing cost of goods along with all other relevant documentation and scan and email this form with any attachments to [claims@sterlingtransportation.com](mailto:claims@sterlingtransportation.com).

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature