

**Freight Claim Form**  
***CALTOP Logistics***

Claimant's Number

Date:

Carrier's Pro Number:

Pro Date:

**Claim for (Check Box) Shortage** \_\_\_\_\_ **Damage** \_\_\_\_\_ **Other** \_\_\_\_\_

Claimant	
Company Name:	
Street Address:	
City/State/Zip:	
Phone Number:	
Fax Number:	
Email Address:	
Representatives Name:	

Shipper Name & Address:	Consignee Name & Address:

**Statement of Shortage or Damage**

Number of Pieces	Description of Articles (Include markings, model numbers and packaging)	Amount Claimed

**Total Amount Claimed:**

The following documents must be submitted in support of this claim:

Copy of the Bill of Lading – Inspection Report –  
Copy of the Original Invoice – Any additional information that will support the claim

Mail your claim with all supporting documentation to the address below or you may fax the information to our Claims Department at: 562-946-4405

**Freight Claims Department**  
**Caltop Logistics, Inc.**  
12435 McCann Drive  
Santa Fe Springs, CA 90670  
Phone: (562) 946-4406