



Archgate Presentation of Loss and/or Damage

Date: _____

Claimant Company: _____

Claimant Address: _____

City / State / Zip: _____

Amount of Claim: _____

Archgate TMS Bill of Lading #: _____

Delivery Date: _____

*(IMPORTANT: ALL CLAIMS ARE BASED ON THE DATE OF DELIVERY.
CONCEALED DAMAGE MUST BE FILED WITH-IN 5 DAYS.)*

Claim filed for:

<input type="checkbox"/>	Visual Damage (Noted on Freight Bill)
<input type="checkbox"/>	Shortage (Noted on Freight Bill)
<input type="checkbox"/>	Concealed Damage (Discovered after Delivery)
<input type="checkbox"/>	Concealed Loss (Discovered after Delivery)

Detailed statement substantiating amount of claim:

Pieces	Description	Weight	Amount Claimed

Send this claim form, along with the following to the e-mail below:

- 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 24 hours 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.

I, the undersigned, hereby authorize Archgate TMS to act on our behalf in all matters relating to filing a claim against any carrier used in the transport of our products. Any and all acts carried out by Archgate TMS on our behalf shall have the same effect as acts of my own.

Signature: _____ Date: _____

Print Name: _____ Phone # _____

E-Mail Address: _____

Archgate TMS, Inc 17W662 Butterfiled Rd, Ste 305, Oakbrook Terrace, IL 60181

claims@archgatetms.com