



TRUCKING, INC.

Simplified Claims Form

To: Watkins Shepard Trucking
1500 Blaine Street
Helena, MT. 59601
Attn: Claims Department

Date: _____
Ref. Number _____
(show only if you want it referred to
on check or correspondence)

This is my claim for \$ _____

Watkins Shepard PRO number or B/L number: _____

- Claim is filed for:
- _____ Visual Damage (Noted on Proof of Delivery)
 - _____ Shortage (Noted on Proof of Delivery)
 - _____ Concealed Damage (Found after Delivery)
 - _____ Concealed Damage (Found at time of Delivery)
 - _____ Repair

- All repairs require prior authorization. Please call 1-800-824-0913 option 2. Pictures maybe required.
- Repair request can be faxed to 406-532-6639. Info required with request: PRO #, invoice cost, repair estimate, description of damage, return phone number and return Fax number.

Detailed statement showing how amount claimed is determined:

 _____ Total : _____

~ Send with this claims form: ~

■■■■■■■■ ORIGINAL INVOICE, PROOF OF DELIVERY ■■■■■■■■

If this is for repair cost due to damage, in addition to the original invoice, a detailed repair invoice showing the cost of material, etc. , and a copy of repair authorization.

- C**
- L** Signed: _____
- A** Company: _____
- I** Address: _____
- M** City/State/Zip: _____
- A** Phone Number: _____
- N** Fax: _____
- T** E-mail address: _____

(Mail to the address at top of form or Fax to: 406-532-6639)

~All bold items must be completed or claim will be denied~