



Brown Transportation Solutions, Inc

Claim Form

Claimant: ↓	Date Claim Filed: ↓
Address: ↓	Your Ref Number: ↓
City: ↓ State: ↓ Zip: ↓	Contact: ↓

Claim Amount: \$ _____ Weight of damages: _____

Shipper: ↓	Address: ↓	City: ↓	State: ↓	Contact: ↓
Consignee: ↓	Address: ↓	City: ↓	State: ↓	Contact: ↓

Bill of Lading Number: _____ Date of Bill of Lading: _____

Statement of Loss or Damage and number, descriptions of articles, nature and extend of loss or damage, item number and invoice price of article, amount of claim, etc., and disposition of salvage, if any.

The following documents are to be submitted in support of this claim:

- ⇒ Original Bill of Lading ⇒ Original Invoice: Photostat or certified copy from Vendor
- ⇒ Original Paid freight bill ⇒ Applicable repair bill.

All claims must be filed within 9 months of date of delivery.

Please retain all salvage until the claim is concluded

Submit to: BTS, Inc.
 Attn: Claims
 P.O. Box 1246
 Van Alstyne, TX 75495
 Ph# 903-482-9456 FX# 903-482-9457

 Signature of Claimant

The foregoing statement of facts is hereby certified to be correct: