



## Claim Filing Instructions

1. All claims for Loss/Damage must be filed with Fast Trac Transportation, Inc. **within nine (9) months** from the date of the actual delivery.
2. In cases of Concealed Damage, Fast Trac Transportation must be notified in **writing within fifteen (15) days** of the delivery. Any concealed claim after this period will be denied.
3. The attached claim form along with supporting documents (signed delivery receipt, original invoice, invoice(s) for repair or replacement, etc) must be submitted together and sent to [info@fasttractrans.com](mailto:info@fasttractrans.com). Any pictures can be emailed to this address as well.
4. Any special circumstances or additional info should be submitted at the same time via a letter of explanation.
5. In no case will Fast Trac Transportation, Inc. accept responsibility for **consequential or special damage** beyond the value of the goods that are subject to the claim.
6. Prior to any settlement, **ALL freight charges must be paid in full**.
7. Prior to any settlement, Fast Trac Transportation, Inc. will request applicable salvage rights.
8. Fast Trac Transportation, Inc. or its authorized representatives must have reasonable access to inspect any freight or cargo for which there is a damage claim.
9. Unless a value is declared prior to our possession of the freight, standard limits of liability will apply.
10. If you have any questions regarding your claim you may contact our claim department at 281.869.5600 or via email at [info@fasttractrans.com](mailto:info@fasttractrans.com).

Upon completion please fax the form to 281.869.5605 or send via email to [info@fasttractrans.com](mailto:info@fasttractrans.com). You may also mail it to us at:

**Fast Trac** Transportation, Inc.  
Attn: Claims Department  
16220 Air Center Blvd.  
Houston, TX 77032

This claim is for:

<b>Claimant Company Name</b>		
<b>Contact Name</b>		
<b>Address</b>		
<b>City / State / Zip</b>		
<b>Phone Number</b>		
<b>Claimant's Reference Number</b>		
<b>Carrier Number</b>	<b>Freight Bill Date</b>	<b>Weight of Shipment</b>

<b>Shipper</b>	<b>Consignee</b>
<b>Company Name</b>	<b>Company Name</b>
<b>Address</b>	<b>Address</b>
<b>City / State / Zip</b>	<b>City / State / Zip</b>

Pieces	Item#	Description of article / including model#	Claim \$
<b>Total Amount Claimed:</b>			

Please attach the following documents	Investigation of Claims
(a) Delivery Receipt (b) Vendors Invoice (c) Invoice covering repairs and/or parts replaced (d) Inspection Report	Upon receipt of the claim, whether written or otherwise, the processing carrier shall promptly initiate an investigation.  In the event the carrier processing the claim requires information or documentation in addition to that submitted with this claim, the carrier shall notify the claimant & request the information.

The claimant certifies the foregoing to be correct and agrees to indemnify the carrier against loss in the event the original bill of lading and/or original freight bill are not submitted.

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Preparer's Name (print)Signature