

CLAIM FILING INSTRUCTIONS

Claims should be reported to Span Alaska within 48 hours.

Claims are reported to Span Alaska Transportation with a *Presentation of Loss/Damage Claim Form* and supporting documentation.

Claim can be faxed, mailed, or emailed.

Fax: 253-395-7986

Mailed to: Span Alaska Transportation (Attn: Claims)

3815 W Valley Hwy N, Auburn, WA 98001

TERMINAL	EMAIL		
Anchorage	ASC@Spanalaska.com		
Auburn	customercare@spanalaska.com		
Fairbanks	FBSC@spanalaska.com		
Kenai	Kenaiemployees@spanalaska.com		
Kodiak	KODCustServ@spanalaska.com		
Wasilla	WasillaEmployees@spanalaska.com		

Documents Needed to File Claim

Lost in Transit – Entire Shipment

- ✓ Bill of Lading or Shipping Order issued by shipper and signed by trucker at origin.
- ✓ Commercial Invoice covering entire shipment.
- ✓ Packing List covering entire shipment.

Damaged in Transit

- ✓ Bill of Lading or Shipping Order issued by shipper and signed by trucker at origin.
- ✓ Commercial Invoice covering entire shipment.
- ✓ Replacement Invoice if product is not repairable.
- ✓ If repairable, Repair Invoice or estimate showing value of parts used to restore the merchandise to its original condition.
- ✓ Labor Charges must be itemized and calculated at cost.
- ✓ Packing List covering entire shipment.
- ✓ Delivery Receipt showing exceptions taken by consignee.
- ✓ Photographs of packing materials and damaged goods before and after unloading container.
- ✓ If loss value is more than \$1000, contact your Sales Representative for required inspection.

Shortage/Missing in Transit

- ✓ Bill of Lading or Shipping order issued by shipper and signed by trucker at origin.
- ✓ Commercial Invoice *covering entire shipment*. If no invoice issued, price list or other supporting documents for values claimed.
- ✓ Packing List covering entire shipment.
- ✓ Delivery Receipt showing exceptions taken by consignee.
- ✓ Any applicable photos of the pallet, showing void due to missing freight.



SPAN CLAIM #

PRESENTATION OF LOSS/DAMAGE CLAIM FORM

This claim in the amount of is made against Span Alaska by				
	(Amount of Claim)		(Claimant)	
For				
Span Pro #:	Carrier Pro #	ŧ		
Description of Material, Merchand	dise, Articles			
Shipper		Ship Date		
Consignee				
Claimant Reference/PO #		-		
Description of How Claim Amou (Number and description of articles		ent of loss/damage, invoice price, less	s salvage credits)	
Description	Cost			
		Applicable Freight Charges		
		Total Amount Claimed		
 Support Your Claim, Please Provide the Following: Bill of Lading or Shipping Order Commercial Invoice for entire shipment Packing List for entire shipment Delivery Receipt (showing exceptions taken by consignee) Salvage Details Repair estimates of invoice Photographs of packing ma goods before and after unlocked in the provided in t		erial and damaged ading container		
This statement of facts is hereby c	ertified correct.			
Name of Claim Preparer (please p	rint)			
Mailing Address				
City, State, Zip Code				
Telephone/E-mail Address				
				