



1212 St. George Road
Evansville, IN 47711

Email: CLAIMS@ATLASINTL.COM T: (800) 638-9797

CLAIM FORM

FILL OUT claim form COMPLETELY and accurately. Incomplete form can delay the processing of your claim. Attach ALL RECEIPTS (copies of original purchase receipts and estimates of repair/replacement) with your completed claim form. You have **75 days** from the date of delivery to notify the carrier in WRITING of all discovered loss and damage. ****DO NOT DISPOSE OF DAMAGED ITEMS.**** Carrier has SALVAGE RIGHTS to all items replaced.

***** Section 14904(b)(2) of Title 49 of the United States Code imposes a civil penalty of up to \$2,000 for filing a false claim with a motor carrier.*****

1. Claimant's Name:		Email Address			Home/Cell Phone:		3. Pick-Up Date	4. Delivery Date	
2. Address:		City:		State:	Zip Code:	13a Shipment From		13b Shipment To:	
5.	6.	7. LOST OR DAMAGED ITEMS: (Describe the item fully, including the brand name, model and size. List nature and extent of damage. If missing, state "MISSING")	8.	9.	9.		10. AMOUNT CLAIMED		
Line	Qty		Inv No.	a. Date Purchased	b. Original Cost	a. Repair Cost	b. Replace Cost	***** FOR ADJUSTERS USE ONLY *****	
							14. JOB No.	15. GBL No.	16. Claim No.
							REMARKS		WT. AMOUNT PAID
11. Signature. I certify that this submission constitutes my entire claim under this shipment.			12. Date				Totals Repair/Replace		TOTAL PAID:
							TOTAL CLAIMED		