

4545 Palisade Street Wichita, KS 67217 316-522-5559 FAX: 316-462-5547

| Please reference | this | number |  |
|------------------|------|--------|--|
|                  |      |        |  |
| ACI Claim#       |      |        |  |

Date

|                                   | PRESEN   | TATION OF SHORTAGE   | OR DAMAGE CLAIM   |                    |           |         |
|-----------------------------------|--|--|---|--------------------|-----------|---------|
| This claim for:  Shortage  Damage |  | Carrier: ACI Motor Freight, Inc.   |   |                    |           |         |
|                                   |  |  | Address: 4545 S Palisade Avenue   |                    |           |         |
|                                   | Loss/Theft   |  | City: Wichita   | KS                 | 67217     |         |
|                                   | Concealed  |  | Contact: claims@acimot  | orfreight.com      |           |         |
|                                   |  |  |   |                    |           |         |
| Claimants Refere                  | ence Number:   |  | Freight Bil   | l #                |           |         |
|                                   |  |  | Da  | ite                |           |         |
| Claimant                          |  |  | Weig  | ht                 |           |         |
| Address:                          |  |  | В/.   | L#                 |           |         |
| City:                             |  |  |   |                    |           |         |
| State:                            |  | Zip:   |   |                    |           |         |
| Email:                            |  |  | Consignee:  | T                  |           |         |
|                                   |  |  | Addres  | ss:                |           |         |
| Shipper:                          |  |  | Ci  | ty:                | ,         |         |
| Address:                          |  |  | Sta   | te:                | Zip:      |         |
| City:                             |  |  |   |                    |           |         |
| State:                            |  | Zip:   |   |                    |           |         |
|                                   | DE L   |  | τεμεντ σε μεσσυλνί  | NICE               |           |         |
| No. of Pcs.                       | Description of   | AILS OF LOSS OR STA  | rement of Merchani  | DISE               | \$ Amount | Claimed |
| No. of Pcs.                       | Description of   |  |   | DISE               | \$ Amount | Claimed |
| No. of Pcs.                       | Description of   |  |   | DISE               | \$ Amount | Claimed |
| No. of Pcs.                       | Description of   |  |   | DISE               | \$ Amount | Claimed |
| No. of Pcs.                       | Description of   |  | el#, Etc.   | otal Claim Amount: |           | Claimed |
|                                   | Description of   | Articles, Including Mode   | el#, Etc.   |                    |           | Claimed |
|                                   | NG DOCUMENTS MUST BE SU  | Articles, Including Mode   | el#, Etc. T   |                    |           | Claimed |
|                                   | NG DOCUMENTS MUST BE SU  1. Original Bill of Lading,   | Articles, Including Mode   | T OF CLAIM  |                    |           | Claimed |
|                                   | NG DOCUMENTS MUST BE SU  1. Original Bill of Lading,   | JEMITTED IN SUPPORT or bond of indemnity in lift of original cost or value of  | T OF CLAIM  |                    |           | Claimed |
|                                   | NG DOCUMENTS MUST BE SU  1. Original Bill of Lading, 2. Original invoice - proof   | UBMITTED IN SUPPORT or bond of indemnity in lift of original cost or value of Delivery   | T OF CLAIM  | otal Claim Amount: |           | Claimed |
|                                   | NG DOCUMENTS MUST BE SU  1. Original Bill of Lading, 2. Original invoice - proof   | UBMITTED IN SUPPORT or bond of indemnity in lift of original cost or value of Delivery here applicable) showing by                   | T OF CLAIM ieu thereof of merchandise claimed                             | otal Claim Amount: |           | Claimed |
|                                   | NG DOCUMENTS MUST BE SU  1. Original Bill of Lading, 2. Original invoice - proof 3. Original copy of Proof 4. Invoice for repairs, (where the content of the | UBMITTED IN SUPPORT or bond of indemnity in lift of original cost or value of Delivery here applicable) showing by                   | T OF CLAIM ieu thereof of merchandise claimed                             | otal Claim Amount: |           | Claimed |
| THE FOLLOWIN                      | NG DOCUMENTS MUST BE SU  1. Original Bill of Lading, 2. Original invoice - proof 3. Original copy of Proof 4. Invoice for repairs, (where the content of the | DEMITTED IN SUPPORT or bond of indemnity in lift of original cost or value of Delivery here applicable) showing by or damage claimed | T OF CLAIM ieu thereof of merchandise claimed reakdown of labor and costs | otal Claim Amount: |           | Claimed |
| THE FOLLOWIN                      | NG DOCUMENTS MUST BE SU  1. Original Bill of Lading, 2. Original invoice - proof 3. Original copy of Proof 4. Invoice for repairs, (wh 5. Pictures verifying loss  | JEMITTED IN SUPPORT or bond of indemnity in lift of original cost or value of Delivery here applicable) showing be or damage claimed | TOF CLAIM ieu thereof of merchandise claimed reakdown of labor and costs  | otal Claim Amount: |           | Claimed |

Claimant Signature or Electronic Submission