



Land Air
 305 Rocus St
 Springfield, Ma 01104
 Email – Claims@mylandair.com

Date: _____ Your Reference #; _____

Claimant: _____ Phone #: _____

Address: _____ Email: _____

Claim amount \$ _____ is made against LandAir for **LOSS or DAMAGE**

Freight Bill # _____ Date of Shipment: _____

Shipper: _____ Consignee: _____

Qty Claimed	Item/ Description of articles	Weight of claimed item	Price per unit	Total Claimed

THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED IN SUPPORT OF THIS CLAIM:

- 1) ORIGINAL BILL OF LADING
- 2) ORIGINAL VENDOR'S INVOICE
- 3) COPY OF ALL INVOICES FOR REPLACEMENT PARTS, MATERIAL, LABOR IF APPLICABLE
- 4) PICTURES

ALL CLAIMS MUST BE FILED WITHIN 9 MONTHS OF DATE OF DELIVERY. CARRIER HAS 120 DAYS IN WHICH TO CONCLUDE FROM DATE OF CLAIM IS RECEIVED. YOU MUST RETAIN ALL SALVAGE ON DAMAGE CLAIMS UNTIL DISPOSITION OF THE CLAIM IS KNOWN.

The forgoing statement of the facts of hereby certified to be correct

Signature: _____

Name: _____

Date: _____