



# Claim Form

To: Cargo Claim Department  
 Southeastern Freight Lines, Inc.  
 P.O. Box 1691  
 Columbia, SC 29202

Today's Date:  (Required)  
 SEFL Freight Bill #:  (Required)  
 Freight Bill Date:  (Required)  
 Your Reference #:  (Optional)  
 Claim Amount: \$  (Required)

**Reason for Claim:**

<input type="checkbox"/> Visible Damage (Noted on delivery receipt)	<input type="checkbox"/> Concealed Damage (discovered after delivery)
<input type="checkbox"/> Shortage (Noted on delivery receipt)	<input type="checkbox"/> Concealed Shortage (discovered after delivery)

**Explanation of Claim Amount:**

*This should detail how the claim amount is determined. (e.g., number and description of articles, nature and extent of loss or damage, invoice price of articles, etc.)*

<b>Explanation of Damage</b>	Weight of claimed item: <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
Total Claim Amount: \$ <input type="text"/>	
<b>Explanation of Shortage</b>	Weight of claimed item: <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
Total Claim Amount: \$ <input type="text"/>	

**Salvage:**

*Retain all claim freight, including parts, for carrier disposition. Absence of freight may cause claim to be denied.*

<b>Salvage Freight is available at:</b>	
Address: <input type="text"/>	Salvage Contact: <input type="text"/>
City/St/Zip: <input type="text"/> / <input type="text"/> / <input type="text"/>	Salvage Phone: <input type="text"/>

**Claimant Information:**

Name: <input type="text"/>	Company: <input type="text"/>
Email: <input type="text"/>	Mailing Address: <input type="text"/>
Phone: <input type="text"/>	<input type="text"/>
Fax: <input type="text"/>	<input type="text"/>
	City/St/Zip: <input type="text"/> / <input type="text"/> / <input type="text"/>
Print name: <input type="text"/>	Signature of Claimant: <input type="text"/>

Mail claim form to address above or fax to 803-739-1540 or email to [cargoclaims@sefl.com](mailto:cargoclaims@sefl.com)  
 Copy of commercial invoice is required on all claims.