

To: Cargo Claim Department Southeastern Freight Lines, Inc. P.O. Box 1691 Columbia, SC 29202 Reason for Claim:	Today's Date: (Required) SEFL Freight Bill #: (Required) Freight Bill Date: (Required) Your Reference #: (Optional) Claim Amount: \$ (Required)
☐ Visible Damage (Noted on delivery receipt)☐ Shortage (Noted on delivery receipt)	Concealed Damage (discovered after delivery) 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.)	
Explanation of Damage	Weight of claimed item:
	\$
	\$ \$
	Total Claim Amount: \$
Explanation of Shortage	Weight of claimed item:
	\$
	\$
	Total Claim Amount: \$
Salvage: Retain all claim freight, including parts, for carrier disposition. Absence of freight may cause claim to be denied.	
Salvage Freight is available at: Address:	Salvage Contact:
City/St/Zip: /	/ Salvage Phone:
510,700,2.6.	,
Claimant Information:	
Name:	Company:
Email: Mail	ing Address:
Phone:	
Fax:	
	City/St/Zip: / / /
Print name:	Signature of Claimant: