



BPS LOSS & DAMAGE CLAIM FORM

Claimant Name (Payable to):	Claimant Reference Number:	Date Prepared:
Address:	BPS Tracking Number:	Claim Type: ____ Missing ____ Damage
City, State, Zip:	Contact Name:	Contact E-mail Address:
Was the shipment insured? ____ Yes ____ No If yes, amount insured: _____		Contact Phone Number:

CLAIM IS MADE WITH BPS ON THE FOLLOWING DESCRIBED SHIPMENT

Shipper	City, State, Zip
Consignee	City, State, Zip

DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM IS DETERMINED

Quantity	Description/Part#	Weight per item	Price per item	Extended Total
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
		Total Claimed Amount:		\$

DOCUMENTS REQUIRED IN SUPPORT OF YOUR CLAIM

- Original invoice or certified copy showing prices
- Repair bill or certified copy (if repaired) showing material used and labor rate per hour
- Additional supporting documents (photos including inner and outer packaging and of contents)
- Weight of the item(s) claimed

Note: To expedite the handling of your claim, please include the above-mentioned documents as your claim **WILL NOT BE PROCESSED** until properly supported. **RETAIN ALL DAMAGED GOODS UNTIL THE CLAIM IS CONCLUDED.**