

THIS IS NOT A CARGO CLAIM!

From: _____

Fax to: 1-479-785-8800
 By Mail: ABF Freight System, Inc.
 Claims Department
 P.O. Box 10048
 Fort Smith, AR 72917-0048

Date Inspection Requested:	ABF F/B No. Shipper:	Inspection Date:
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ABF FREIGHT SYSTEM, INC.
Inspection Report of Damage

This will acknowledge your request for a damage inspection. We understand the estimated cost of damage is \$ _____. Based on the information you have provided, we will waive a formal inspection. However, as a means to expedite this matter, we will appreciate your completing this inspection form. We will use the information provided in the same manner as if the inspection had been made by the carrier. A future inspection by ABF may be made if necessary. Retain the product and the containers until claim settlement is reached. Please fax or mail the completed inspection form to ABF as specified above.

It is the obligation of the claimant to minimize the claim as much as possible. Some concealed damage claims are subject to compromise settlements.

Number of pieces damaged: _____

What is the damaged item(s)? _____

Carefully describe the nature and extent of damage: _____

Was a damage notation written on the carrier's freight bill? Yes No

Kind of container used: _____ New Used

Has merchandise been moved since delivery? Yes No

If yes, explain: _____

Describe overall condition of the container: _____

Was container(s) damage adjacent to any content damage? Yes No

If yes, describe damage: _____

Describe inner packaging used: _____

Is the merchandise repairable? Yes No Estimated cost of repair: \$ _____

Would a damage allowance be acceptable? Yes No If so, how much? \$ _____

Inspected by: _____ Phone: _____ Date: _____