



## How to File a Claim

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A claim and its supporting documentation are required to be filed within nine months of delivery, or in cases of non-delivery, within nine months after a reasonable time for delivery has elapsed.

Superior Service Transport, Inc. will not pay a claim unless it is filed, in writing, within the allotted nine-month period.

1. Complete the attached "Standard Form for Presentation of Loss and Damage Claim" form and submit it and the supporting documentation to the address below.
2. Please indicate whether item damaged can be used as is, or sold at a discount.
3. If the claim is for damage, please include a copy of the carrier's inspection report, if applicable.
4. Salvage must be held for carrier disposition. Retain all damaged goods until the claim is concluded.
5. Please include the following documents to support your claim:
  - A vendor invoice for the goods shipped, including the full price paid after any discounts or deductions.
  - A copy of the original invoice
  - A copy of the Bill of Lading
  - Detailed repair invoices, if goods in question have been repaired.
6. Send your claim and supporting documentation to:

**Superior Service Transport, Inc.**  
**Attn: Claims Department**  
**PO Box 25792**  
**Salt Lake City, UT 84125-0792**

Phone: **801.462.2535**

FAX: **801.972.1550**

E-Mail: [Janet.Wensel@ShipSST.com](mailto:Janet.Wensel@ShipSST.com)

# Standard Form for Presentation of Loss and Damage Claim

(Note: This form can be filled in online and printed, or printed and completed manually.  
If completing the form online, blocks in **red** are required.)

To: <b>Superior Service Transport, Inc.</b>	Date Claim Mailed:
Address: <b>PO Box 25792</b>	Claimant's Number:
City, State, ZIP: <b>Salt Lake City, UT 84125-079</b>	Carrier Freight Bill Number:

This claim is made against above named carrier for <input type="checkbox"/> Damage <input type="checkbox"/> Loss in connection with the following described shipment.	
Shipper's Name:	Consignee's Name:
Point Shipped From:	Final Destination:
Carrier Issuing Bill of Lading:	Name of Delivering Carrier:
Date of Bill of Lading:	Date of Delivery:

Provide a detailed statement showing how amount claimed is determined. <i>Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc. All discounts and allowances must be shown.</i>		
NMFC Item No. of commodity lost or damaged:	Total Amount Claimed	\$

The following documents are submitted in support of this claim:		
<input type="checkbox"/> Original Bill of Lading	<input type="checkbox"/> Original invoice or certified copy	<input type="checkbox"/> Inspection Report Form
<input type="checkbox"/> Original paid freight bill or other carrier documentation bearing notation of loss or damage if not shown on freight bill.		
<input type="checkbox"/> Other :		

<b>INDEMNITY AGREEMENT</b>
In the absence of the Original Freight Bill and/or Original Bill of Lading, we agree to hold the above named carrier to whom this claim is presented and any other participating carrier, harmless and indemnified against any and all lawful claims which may be made against it or arising out the same shipment and will pay to the said carrier and any participating carrier(s), all losses, damages, costs, counsel fees or any other expenses which they or any of them may suffer or pay by reason of payment of our claim, herein described, without surrender of the Original Freight Bill or Bill of Lading, as such was not provided and/or cannot be located.

The foregoing statements of fact is here by certified correct.	
Name of Contact Filing Claim:	Date:
Title:	Phone:
Signature:	
Company Name:	
Address:	
City, State, ZIP:	