



JET DELIVERY

CLAIM FORM

For lost or damaged shipments

SENDER or SHIPPER'S		Contact Information	RECIPIENT or CONSIGNEE'S		Contact Information
Company			Company		
Contact			Contact		
Address			Address		
City			City		
State		Zip Code	State		Zip Code
Phone		Extension	Phone		Extension
Email			Email		

SHIPMENT INFORMATION		
Jet Delivery Tracking Number		Shipment Date
Items are	Damaged	Missing Both Damaged or Missing
Total Piece Count		Pieces Damaged or Missing
Description of Missing or Damaged Item(s)		
Pieces	Item or PO#	Description

DESCRIBE				
Exterior package damage				
Interior package damage				
Damage to contents				
Declared value	WHEN TENDERED TO JET DELIVERY	ORIGINAL PURCHASE VALUE	REPAIR COST	SHIPPING COSTS
Customer Remarks	TOTAL CLAIM AMOUNT			

SALVAGE/INSPECTION		If your claim is filed for damages, and mitigation through repair or allowance is not possible. Please explain why and provide contact information for salvage pickup. SALVAGE ITEMS SHOULD BE HELD UNTIL CLAIM IS RESOLVED.	
Contact Name	Phone	Ext	
Email Address			

CLAIMANT INFORMATION			
Company		Contact	
Address		City	
State	Zip Code	Phone	Ext
Email		Reference/PO Number	

My signature below acknowledges that the statement of facts are hereby certified as correct.

SIGNATURE

DATE

REMIT TO

Please return the completed form and any documentation required as proof of value (invoice and/or receipt) to
claims@jetdelivery.com or mail to Jet Delivery, Inc. 2169 Wright Ave. La Verne, CA 91750