Simplified Claims Form

To: Watkins Shepard Trucking
1500 Blaine Street
Helena, MT. 59601
Attn: Claims Department

Date: __________________
Ref. Number____________
(show only if you want it referred to on check or correspondence)

This is my claim for $ _________________
Watkins Shepard PRO number or B/L number: ___________________
Claim is filed for: ______ Visual Damage (Noted on Proof of Delivery)
______ Shortage (Noted on Proof of Delivery)
______ Concealed Damage (Found after Delivery)
______ Concealed Damage (Found at time of Delivery)
______ Repair

• All repairs require prior authorization. Please call 1-800-824-0913 option 2. Pictures maybe required.
• Repair request can be faxed to 406-532-6639. Info required with request: PRO #, invoice cost, repair estimate, description of damage, return phone number and return Fax number.

Detailed statement showing how amount claimed is determined:

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

Total : ___________________

*~ Send with this claims form: ~*

ORIGINAL INVOICE, PROOF OF DELIVERY

If this is for repair cost due to damage, in addition to the original invoice, a detailed repair invoice showing the cost of material, etc., and a copy of repair authorization.

Signed: ___________________
Company: ___________________
Address: ___________________
City/State/Zip: ________________
Phone Number: ______________
Fax: _________________________
E-mail address: ___________________

(Mail to the address at top of form or Fax to: 406-532-6639)

~All bold items must be completed or claim will be denied~