



Las Vegas / L.A. Express, Inc.
 Freight Claim Departments
 1000 S. Cucamonga Ave.
 Ontario, CA 91761
 FAX # (909) 972-3106

CLAIM FILED BY

Company Name	Claimant's Claim No.	Date Prepared
Address or P.O Box Number	LVLA Freight Bill No.	Freight Bill Date
City, State, Zip	Claim is For __ LOSS __ DAMAGE	Total Amount of Claim \$

CLAIM IS MADE WITH LAS VEGAS / L.A. EXPRESS ON THE FOLLOWING DESCRIBED SHIPMENT

Consignee	Destination
Shipper	Origin
Total No. of Pieces in Shipment	Total Weight of Shipment

DETAILS OF CLAIM SHOW HOW AMOUNT OF CLAIM IS DETERMINED

No. Pieces	Description of Articles	Amount
TOTAL		\$

DOCUMENTS NEEDED IN SUPPORT OF YOUR CLAIM

- LOSS:**
 ___ Original or copy of paid freight bill
 ___ Original invoice or certified copy

- DAMAGE:**
 ___ Original or copy of paid freight bill
 ___ Carrier's inspection report (if inspected)
 ___ Original invoice or certified copy
 ___ Repair bill or certified copy (if repaired)
 showing material used & labor rate per hour

NOTE:

To expedite the handling of your claim please included the above mentioned documents as your claim **WILL NOT BE PROCESSED** until properly supported.

Claimant's Signature: _____