



**RDF EXPRESS INC**  
**Freight Claim Department**  
**P.O. Box 98**  
**Brawley, CA 92227**

**FAX # 760-352-8502**

**CLAIM FILED BY**

<b>Company Name</b>	<b>Claimant's Claim No.</b>	<b>Date Prepared</b>
<b>Address or P.O. Number</b>	<b>PRO #</b>	<b>Freight Bill Date</b>
<b>City, State, Zip</b>	<b>Claim is for</b> ___SHORT ___DAMAGE	<b>Total Amount of Claim</b> \$

**CLAIM IS MADE WITH RMFL ON THE FOLLOWING DESCRIBED SHIPMENT**

<b>Consignee</b>	<b>Destination</b>
<b>Shipper</b>	<b>Orgin</b>
<b>Total No. of Pieces in Shipment</b>	<b>Total Weight of Shipment</b>

**DETAILS OF CLAIM SHOW HOW AMOUNT OF CLAIM IS DETERMINED**

<b>No. Pieces</b>	<b>Description of Articles</b>	<b>Amount</b>
<b>TOTAL</b>		<b>\$</b>

**DOCUMENTS NEEDED IN SUPPORT OF YOUR CLAIM**

**LOSS:**

- Original or copy of paid freight bill**
- Original Bill of Lading**

**DAMAGE:**

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

**NOTE:**

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

Claimant's Signature: \_\_\_\_\_