

## Transit Damage Claim Form

Easy.Claim@billerud.com

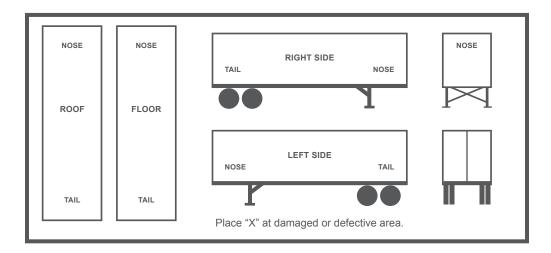
Claim #:				Date of Claim:			
				Date Shipment Receive	ed:		
Receiver:				Carrier Name:			
Street Address:				Vehicle Number:			
City:				Shipment Number:			
State:				Delivery Number:			
PICK UP INFORMATION: We hold the right to pick up any/all paper unless otherwise noted. You will receive a disposition notification when claim is processed. Note the location where the damaged paper will be stored. Please be specific and include a contact name and email for pickup confirmation. This will help to speed up the process of removing the paper from your facility.							
Contact Person:				Contact Email:			
		1.11.4					
Required Pap	erwork Cr	iecklist					
TRUCKLOAD				RAILCAR			
Countersigned Bill of Lading with damages specified – Driver acknowledgment of damage is REQUIRED.				Photographs of Damaged Product Inside and outside of railcar, capture roll labels, outer packaging, and product damage.			
Photographs of Damaged Product Inside and outside of trailer, capture roll labels, outer packaging, and				Damage Inspection Worksheet			
product damage.  Damage Inspection Worksheet				Noted with the location in the railcar that damage occurred - note front or back of car and "A" and "B" sides.			
Noted with the location in trailer that the damage occurred - note tail or nose.				Rail Inspection or Rail Waiver (REQUIRED)			
*If dropped trailer, note damage on BOL, write the term "seals were intact" if they were in fact intact and have unloader sign the BOL. Contact the carrier via fax or email and notify them of the damage immediately.  Include proof with this claim that the carrier was notified. No exceptions.				Contact the carrier via email or thru their online systems to notify them of the damage immediately (within 24 hours of delivery). Decision will be made by the delivering railroad whether they will inspect or waive. <a href="Include as proof">Include as proof</a> the email or confirmation slip from their system with this claim that the carrier was notified. No exceptions.			
Damaged Pro	oduct Infor	mation					
Roll/Skid ID		Weight	Type of Dama	ge		Refurbishable?	
interest which it has of to the shipment(s) de in settlement of the af	or may have in ar scribed above. A foresaid claim. A	ny claim against the ssignor does hereb ssignor agrees to s	e transportation company by give unto said Assigne	(ies) for recovery of money e full and complete authori on or documentation, and o	n, herein-after called Assigne y or other redress on accoun ity to settle Assignor's claim cooperate to whatever exten	t of loss of or damage and to receive payment	
Submitted by:				Email:			

## Damage Inspection Worksheet

Carrier Name:	Shipment Number:
Vehicle Number:	Delivery Number:
Date:	LIVE LOAD or Dropped:
Name:	

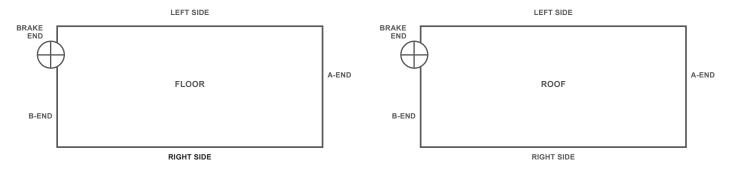
Please note where the damaged paper was found in the trailer/railcar and the type of damage if there was more than one on this shipment. Note any physical problems with the trailer/railcar. Please be specific. This will help us to eliminate damage issues. If a physical problem with the railcar exists, (i.e., roof leaking), contact your local rail carrier and have the car Bad Ordered for repair.

## **TRAILER**



Description:

## **RAILCAR**



Description:

Was car Bad Ordered? If so, then please note date and the individual contacted.

Date: Contacted: