



218 MACHLIN CT
WALNUT, CA 91789

OVERCHARGE STANDARD CLAIM FORM
VISIT UNISCO.COM | QUESTIONS? CALL 800.486.4726

Name of Person to Whom Claim is Presented			Claimant's Number **
Address of Claimant			
City	State	Zip	Date (MM/DD/YYYY)
Name of Carrier		Carrier's Number	
Address			
City	State	Zip	Date (MM/DD/YYYY)

This claim for (Amount of claim) \$ _____ is made against the carrier named above by
(Name of claimant) _____

For overcharge in connection with the following described shipments:

Description of shipment _____
Name and address of consignor (Shipper) _____
Shipped from (City, town or station) _____, to (City, town or station) _____
Final destination _____
Bill of lading issued by (City, town or station) _____ Routed via _____
Paid freight bill (Pro) number; _____
Name and address of consignee (Whom shipped to) _____
If shipment re-consigned en route, state particulars: _____
Nature of overcharge (Weight, rate, or classification, etc.) _____

DETAILED STATEMENT OF CLAIM

Note. – If claim covers more than one item taking different rates and classification, attach separate statement showing how overcharge is determined

	NO. OF PKGS.	ARTICLES	WEIGHT	RATE	CHARGES	
CHARGES PAID						
SHOULD HAVE BEEN						

Authority for rate or classification claimed. _____

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM *

- ☐ 1 Original Paid freight ("expense") bill.
- ☐ 2 Original Invoice, or certified copy, when claims based on weight or valuation, or when shipment has been improperly described.
- ☐ 3 Original bill of lading, if not previously surrendered to carrier, when shipment was prepaid, or when claim is based on misrouting or valuation.
- ☐ 4 Weight certificate or certified statement when claim is based on weight.
- ☐ 5 Other particulars obtainable in proof of Overcharge claimed. _____

Remarks _____

** Claimant should assign to each claim a number, inserting same in the space provided at the upper right hand corner of this form. Reference should be made thereto in all correspondence pertaining to this claim.

* Claimant will please place check (x) before such of the documents mentioned as have been attached, and explain under "Remarks" the absence of any of the documents called for in connection with this claim. When for any reason it is impossible for claimant to produce original bill of lading, if required, or paid freight bill, claimant should indemnify carrier or carriers against duplicate claim supported by original documents.