



CLAIM FOR LOSS OR DAMAGE

_____ Claimant	_____ Date
_____ Claimant Mailing Address	_____ Claimants File Number(Claimant Assigns)
_____ City, State, Zip	_____ Amount of Claim
_____ Phone Number	_____ The Match Maker Freight Bill
_____ Claimant Contact Name	_____ Shipment Date(Pick Up Date)
_____ Shipper	_____ Bill of Lading Number (If Know)
_____ Consignee	

DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM IS DETERMINED		
SHORT _____	DAMAGED _____	OTHER _____

Use separate page if additional room is needed.

Please retain all salvage until the claim is concluded by The Match Maker

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM	
<input type="checkbox"/> Original vendor's invoice	<input type="checkbox"/> Bill Of Lading
<input type="checkbox"/> The Match Maker paid freight bill	<input type="checkbox"/> Inspection Report
<input type="checkbox"/> Applicable repair bill, or replacement freight bill	

Remit to address if different from above:

Submit Claim To:

**The Match Maker
Corporate Claims Service
P.O. Box 13259
Florence, SC 29504**

**Reminder: Your claim can be faxed to us at (843)665-5073 or e-mailed to bert@matchmaker-sc.com
Office Hours: 8:00 AM to 5:00 PM EST. (843)665-4968**