

CLAIM FILING INSTRUCTIONS

Claims should be reported to Span Alaska within 48 hours.

Claims are reported to Span Alaska Transportation with a *Presentation of Loss/Damage Claim Form* and supporting documentation.

Claim can be faxed, mailed, or emailed.

Fax: 253-395-7986

Mailed to: Span Alaska Transportation (Attn: Claims)

3815 W Valley Hwy N, Auburn, WA 98001

TERMINAL	EMAIL		
Anchorage	AncCustServ@spanalaska.com		
Auburn	CustomerCare@spanalaska.com		
Fairbanks	FairbanksCustomerService@spanalaska.com		
Kenai	KenaiEmployees@spanalaska.com		
Kodiak	AncCustServ@spanalaska.com		
Wasilla	WasillaEmployees@spanalaska.com		

Documents Needed to File Claim

Lost in Transit – Entire Shipment

- ✓ Bill of Lading or Shipping Order issued by shipper and signed by trucker at origin.
- ✓ Commercial Invoice *covering entire shipment*.
- ✓ Packing List covering entire shipment.

Damaged in Transit

- ✓ Bill of Lading or Shipping Order issued by shipper and signed by trucker at origin.
- ✓ Commercial Invoice covering entire shipment.
- ✓ Replacement Invoice if product is not repairable.
- ✓ If repairable, Repair Invoice or estimate showing value of parts used to restore the merchandise to its original condition.
- ✓ Labor Charges must be itemized and calculated at cost.
- ✓ Packing List covering entire shipment.
- ✓ Delivery Receipt showing exceptions taken by consignee.
- ✓ Photographs of packing materials and damaged goods before and after unloading container.
- ✓ If loss value is more than \$1000, contact your Sales Representative for required inspection.

Shortage/Missing in Transit

- ✓ Bill of Lading or Shipping order issued by shipper and signed by trucker at origin.
- ✓ Commercial Invoice covering entire shipment. If no invoice issued, price list or other supporting documents for values claimed.
- ✓ Packing List covering entire shipment.
- ✓ Delivery Receipt showing exceptions taken by consignee.
- ✓ Any applicable photos of the pallet, showing void due to missing freight.



SPAN CLAIM #

PRESENTATION OF LOSS/DAMAGE CLAIM FORM

This claim in the amount of		against Span Alaska by	
	(Amount of Claim)		(Claimant)
For			
Span Pro #:	Carrier Pro #	ŧ	
Description of Material, Merchand	dise, Articles		
Shipper		Ship Date	
Consignee		Delivery Date	
Claimant Reference/PO #		-	
Description of How Claim Amou (Number and description of articles		ent of loss/damage, invoice price, less	s salvage credits)
Description	Cost		
		Applicable Freight Charges	
		Total Amount Claimed	
To Support Your Claim, Please P	Order ntire shipment ipment	 Salvage Details Repair estimates of invoices Photographs of packing mat goods before and after unloaden Inspection Report (if loss value) 	erial and damaged ading container
This statement of facts is hereby c	ertified correct.		
Name of Claim Preparer (please p	rint)		
Mailing Address			
City, State, Zip Code			
Telephone/E-mail Address			
			