

[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Date]

[Carrier Name]
[Claims Department Address]
[City, State, Zip Code]

RE: Formal Demand for Recovery - Claim Number: [Your Claim Number]

To the Claims Department,

This letter serves as a formal demand for reimbursement regarding a loss involving your company's transport services. Our records indicate that a shipment was damaged or lost while under your care and custody.

Shipment Details:

Bill of Lading / Pro Number: [Number]
Date of Shipment: [Date]
Origin: [City, State]
Destination: [City, State]
Description of Goods: [Description]

Loss Details:

Upon delivery on [Delivery Date], it was noted that the shipment was [Damaged/Short/Lost]. An inspection of the goods revealed the following: [Brief Description of Damage].

Total Amount Claimed: \$[Amount]

Enclosed are the supporting documents, including the original Bill of Lading, the delivery receipt with notations, and the invoice showing the value of the items. Please acknowledge receipt of this claim within [Number] business days. We look forward to receiving your payment or a formal proposal for settlement.

Sincerely,

[Your Name]
[Your Title]
[Your Phone Number]
[Your Email]