



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"/> The Match Maker paid freight bill <input type="checkbox"/> Applicable repair bill, or replacement freight bill	<input type="checkbox"/> Bill Of Lading <input type="checkbox"/> Inspection Report

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 Admin@mhmk.com
Office Hours: 8:00 AM to 5:00 PM EST. (843)665-4968