



## CLAIM FOR LOSS OR DAMAGE

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

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

**Remit to address if different from above:**

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**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 [support@mhmk.com](mailto:support@mhmk.com)**  
**Office Hours: 8:00 AM to 5:00 PM EST. (843)665-4968**