



# TRANSIT DAMAGE CLAIM FORM

*easy.claim@versoco.com*

Claim #: \_\_\_\_\_

Date of Claim (mm/dd/yyyy): \_\_\_\_\_

Date Shipment Received (mm/dd/yyyy): \_\_\_\_\_

Customer:	Carrier Name:
Street Address:	Vehicle Number:
City:	Shipment Number:
State:	Delivery Number:
<p><b>PICK UP INFORMATION:</b> We hold the right to pick up any/all paper unless otherwise noted. You will receive a disposition notification when claim is processed. Note the location where the damaged paper will be stored. Please be specific and include a contact name and number for pickup confirmation. This will help to speed up the process of removing the paper from your facility.</p>	
Contact Person:	Contact Phone:

## REQUIRED PAPERWORK CHECKLIST

Truckload	Railcar
<input type="checkbox"/> Signed BOL ( <b>Driver Signature - REQUIRED</b> ) <input type="checkbox"/> Pack List with Damaged Items Noted <input type="checkbox"/> Photographs of Damaged Product <small>Inside and Outside of Truck Trailer. Be sure to capture roll labels and white paper damage.</small> <input type="checkbox"/> Damage Inspection Worksheet <small>Noted with the location in trailer that the damage occurred - note tail or nose</small>  <small><b>*If dropped trailer</b>, note damage on BOL, write the term "seals were intact" if they were in fact intact and have unloader sign the BOL. Contact the carrier via fax or email and notify them of the damage immediately. <u>Include proof</u> with this claim that the carrier was notified. No exceptions.</small>	<input type="checkbox"/> Pack List with Damaged Items Noted <input type="checkbox"/> Photographs of Damaged Product <small>Inside and Outside of Railcar. Be sure to capture roll labels and white paper damage.</small> <input type="checkbox"/> Damage Inspection Worksheet <small>Noted with the location in the railcar that damage occurred - note front or back of car and "A" and "B" sides.</small> <input type="checkbox"/> Rail Inspection or Rail Waiver ( <b>REQUIRED</b> ) <small>Contact the carrier via email or thru their online systems to notify them of the damage immediately (within 24 hours of delivery). Decision will be made by the delivering railroad whether they will inspect or waive. <u>Include as proof</u> the email or confirmation slip from their system with this claim that the carrier was notified. No exceptions.</small>

## DAMAGED PRODUCT INFORMATION

Roll ID	Weight	Type of Damage	Refurbishable?

<Exact corporate name of title holder & assignor> hereby gives and assigns to Verso, herein-after called Assignee, all right, title, and interest which it has or may have in any claim against the transportation company(ies) for recovery of money or other redress on account of loss of or damage to the shipment(s) described above. Assignor does hereby give unto said Assignee full and complete authority to settle Assignor's claim and to receive payment in settlement of the aforesaid claim. Assignor agrees to supply whatever information or documentation, and cooperate to whatever extent, deemed necessary by Assignee to pursue and secure its claim against such transportation company(ies).

Submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

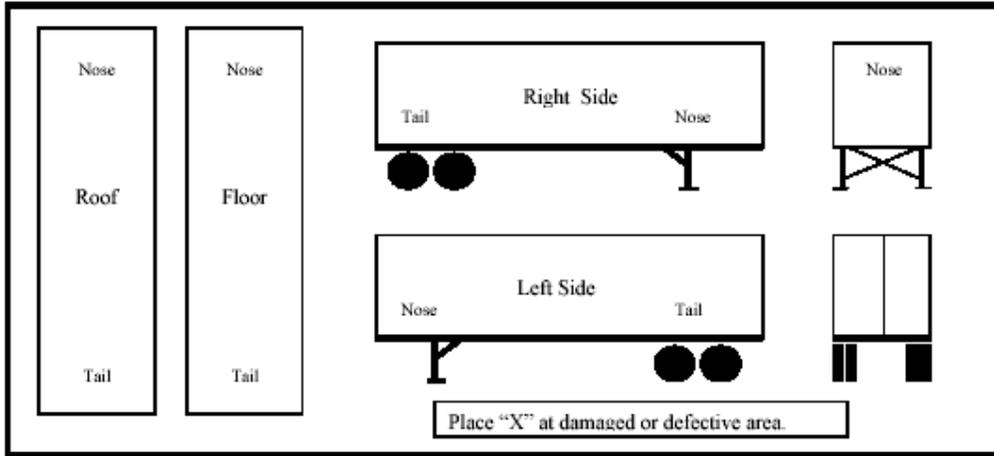
Fax: \_\_\_\_\_

## Damage Inspection Worksheet

Carrier Name:	Shipment Number:
Vehicle Number:	Delivery Number:
Date:	LIVE LOAD or Dropped:
Name:	

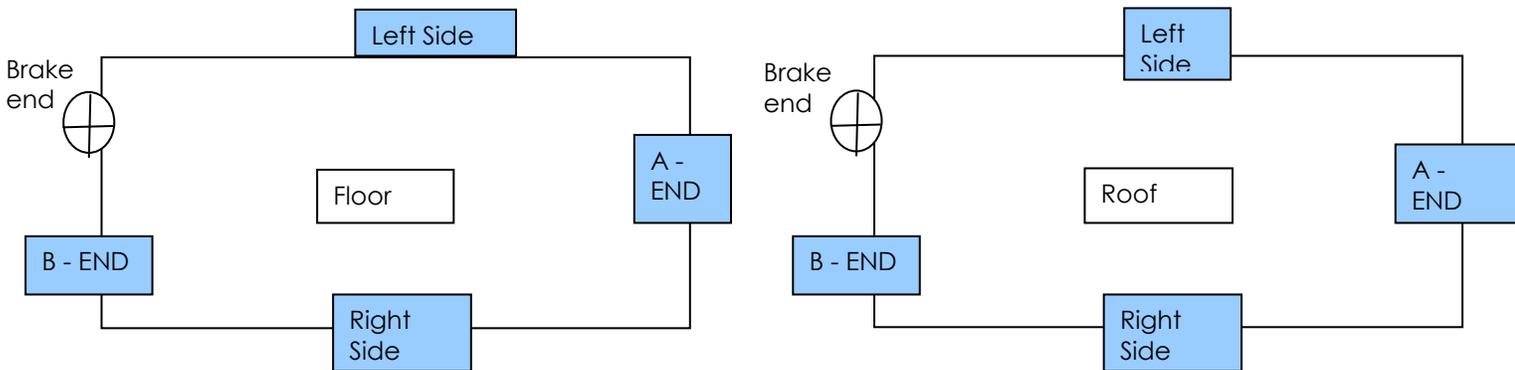
Please note where the damaged paper was found in the trailer/railcar and the type of damage if there was more than one on this shipment. Note any physical problems with the trailer/railcar. Please be specific. This will help us to eliminate damage issues. If a physical problem with the railcar exists, (i.e. roof leaking), contact your local rail carrier and have the car Bad Ordered for repair.

### TRAILER



Description:

### RAILCAR



Description:

**Was car Bad Ordered? If so, then please note date and the individual contacted.**

DATE:	Contacted:
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