This will acknowledge your request for a damage inspection. We understand the estimated cost of damage is $_______________. Based on the information you have provided, we will waive a formal inspection. However, as a means to expedite this matter, we will appreciate your completing this inspection form. We will use the information provided in the same manner as if the inspection had been made by the carrier. A future inspection by ABF may be made if necessary. Retain the product and the containers until claim settlement is reached. Please fax or mail the completed inspection form to ABF as specified above.

It is the obligation of the claimant to minimize the claim as much as possible. Some concealed damage claims are subject to compromise settlements.

Number of pieces damaged: __________________________________________
What is the damaged item(s)? ________________________________________
Carefully describe the nature and extent of damage: ______________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Was a damage notation written on the carrier’s freight bill?  □ Yes  □ No
Kind of container used: ____________________________________ □ New □ Used
Has merchandise been moved since delivery?  □ Yes  □ No
If yes, explain: _____________________________________________________
____________________________________________________________________

Describe overall condition of the container: _____________________________
Was container(s) damage adjacent to any content damage?  □ Yes  □ No
If yes, describe damage: ____________________________________________
____________________________________________________________________

Describe inner packaging used: __________________________________________
Is the merchandise repairable?  □ Yes  □ No  Estimated cost of repair: $___________
Would a damage allowance be acceptable?  □ Yes  □ No  If so, how much? $__________
Inspected by: ___________________  Phone: ___________________  Date: ____________

From: ____________________________________________________________
By Mail: ABF Freight System, Inc.
Claims Department
P.O. Box 10048
Fort Smith, AR  72917-0048

ABF F/B No. Inspection
Inspection Date:
Shipper: ___________________________