

## **Gulf & Atlantic Railways Fright Loss or Damage Claim Form**

Date of Claim Filing:	Subscribing Carrier:
Railcar(s) Initial & Number:	
Shipper/Consignor Name, City, State & Zip:	
Receiver/Consignee Name, City, State & Zip:	
Commodity (STCC or Product Description):	
Loading date	
Shipping date	
Bill of Lading	
Freight Bill(s):	
Invoice or Manufacturing Costs of commodity:	
Demanded payment amount:	



Description of damage or loss being claimed:			
Additional information or support:			
I certify that the above is true and correct.			
Signature	Date	<del></del>	
Contact Name:		-	
Contact Email:			
Contact Phone:		_	

## Note:

Please include photographs of equipment or product being claimed. Missing information and photos will delay processing of your claim. Additionally, submitting this information does not guarantee that payment will be made on your claim.

Return the claim form AND additional supporting information to:

Mail: Gulf & Atlantic Railways

245 Riverside Ave, Suite 250

Jacksonville, FL 32202

E-mail: info@garailways.com