Thunder Group
Logistics Services

Claim Determination Form

SINCE 1956

FAX TO:

City of Industry, CA
Tel: 866.827.4664
Fax: 626.935.1609
Toll Free: 866.TARHONG

Houston, TX
Tel: 866.690.0111
Fax: 713.690.0123

Edison, NJ
Tel: 732.777.1977
Fax: 732.777.0117

DATE _____

P.O. NO. _____

FROM _____ CARRIER _____

CUSTOMER _____ SHIP NO. _____

TELEPHONE _____ INV. NO. _____

FAX _____ SHIP DATE _____

NOTIFICATION SECTION

DAMAGE NOTIFICATIONS ARE FOR RA AND ROOT CAUSE ONLY

PLEASE CHECK THE APPROPRIATE BOX NEXT TO THE PRODUCT CODE AND QUANTITY

ITEM NO.	DESCRIPTION	QUANTITY	U/M	DAMAGE	SHORTAGE	WRONG ITEM	OTHER

INVESTIGATION FINDINGS (FOR OFFICIAL USE ONLY)

☐ Signed Bill of Lading / Showing Quantity Received

☐ Proof of Delivery

☐ Reps Confirmation of Wrong Item

☐ Other Confirmation of Above Root Causes

_____
INVESTIGATION

☐ PHYSICAL INVENTORY VERIFIED AND CONFIRMED

☐ ROOT CAUSE NO. _____

☐ SOLUTION

_____

_____

_____

APPROVED _____ DENIED _____ DATE _____