



CUSTOMER INSPECTION FORM

Central Transport requires a customer self-inspection for damage claims over \$500. This customer inspection is to be submitted with a claim valued between \$500 and \$5,000.

A joint third party inspection may be required for all claims over \$5,000 (bottom of the form)

Please be advised this is not a claim submission.

Pro Number: _____

CURRENT LOCATION OF FREIGHT

Commodity: _____

Company: _____

Estimated Value of Damage: _____

Address: _____

Inspection Date: _____

City: _____

Person Inspecting: _____

State: _____ **Zip:** _____

DESCRIPTION OF DAMAGE TO COMMODITY:

Number and Type of Units Damaged: Pallets _____ Cartons _____ Individual Pieces _____

Is/are the item(s) repairable? Yes No If so, what is the estimated cost of repair? _____

Is there scrap or salvage value? Yes No If so, what is the estimated value? _____

Weight of Affected Commodity: _____

Joint Third Party Inspection (\$5,000+)

If a third party inspection is required, please provide contact info of the appropriate person and the current location of the freight (see field above)

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Please direct third party freight inspection correspondence to freightinspections@centraltransport.com