



WPX Delivery Solutions

Loss or Damage Claim

Today's Date: _____

Airbill No.: _____

WPX Claim No.: _____

Date of Airbill: _____

Claimant's Ref No.: _____

Goods Lost or Damaged

Item Number	Weight	Description	Reason for Claim	Amount Claimed
				\$
				\$
				\$
				\$
Total Claim Amount:				\$

Notification of loss or damage was given to:

WPX Representative

Where

on (date)

by Phone Letter

Inspection conducted by: _____ (name) on _____ (date)

Name and of Claimant: _____

Company Name: _____

Address (City, State, ZIP Code): _____

Attach original or certified copy of the following supporting documents

1. Airbill or Bill of Lading
2. Purchase receipt or documentation showing actual value of goods.
3. Invoice for repair of goods listed above.
4. WPX Inspection report
5. Statement of salvage value if applicable
6. Written detailed description of loss or damaged items.

The foregoing statement of facts is hereby certified to as correct:



Signature of Claimant's Representative

Date