

Triple Crown Services Company

A Norfolk Southern subsidiary



512 E Township Line Rd, 3 Valley Sq, Suite 210 | Blue Bell, PA 19422 | Tele: (800) 325-6510

Standard Form for Presentation of Loss or Damage Claim

Claimant's Refere	nce Number:		Date:
Triple Crown Refe	rence Number:		
Trailer Number:			
Claimant's Compa	ny Name:		
Street Address:			
City/State/Zip:			
Contact:			
Phone Number:			
Email Address:			
Shipper Name:		Consignee Name:	
City/State/Zip:		City/State/Zip:	
Ship Date:		Delivery Date:	
		ent Showing How Amount Claimed is Determined. description, extent of loss or damage and price of articles	
Ougntitus	Descriptions		Amount

Quantity:	Description:	Amount:
		Total:

The following documents are required to file a claim:

Manufacturer's Invoice Salvage Allowance Pictures or other supporting documentation

Please submit claim to:

Triple Crown Services Company Email: tcsclaims@triplecrownsvc.com Phone: 800-325-6510

* Claim must be filed within 9 months of incident