

## Customer Claim Form

**Customer Name\*** \_\_\_\_\_

**Type of Claim\*** \_\_\_\_\_

**Date of Incident\*** \_\_\_\_\_

**FRTL Terminal\*** \_\_\_\_\_

**BOL #\*** \_\_\_\_\_

**FR / Invoice #\*** \_\_\_\_\_

**Other Parties Involved:** \_\_\_\_\_

*\*Required Field*

*ALL fields must be completed. Incomplete forms and/or forms without attachments will not be reviewed.*

*Attachments Required to process your claim:*



**Invoice related to claim**

**Description of Claim:**

*Claim must be submitted to Florida Rock & Tank Lines within 45 days of when incident occurred.  
Any claim received after 6 months will not be accepted by FRTL.*

**Submit Claim to the Email Address Below:**

[FRTL\\_Claims@patriottrans.com](mailto:FRTL_Claims@patriottrans.com)