



Standard Form for Presentation of Loss and Damage Claims

Date _____ Claimant's number _____ Carrier's number _____

Name of person to whom claim is presented _____ Name and address of Carrier _____

Name and address of Claimant _____

This claim for \$ _____ is made against the carrier named above by _____ for loss damage in connection with the following described shipments of paid Freight Bill (Pro) Number _____

Name and address of Consignor (Shipper) _____ Final Destination - Name and address of Consignee (whom shipped to) _____

Date of Bill of Lading _____ Date of Delivery _____

If shipment reconsigned enroute, state particulars _____

Detailed Statement Showing How Amount Claimed Is Determined

(Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)

SHOW ALL DISCOUNTS AND ALLOWANCES

TOTAL DOLLAR AMOUNT CLAIMED _____

In addition to the information given above, the following documents are submitted in support of this claim

- | | |
|---|---|
| 1. Original bill of lading, if not previously surrendered to carrier. | 4. Concealed loss or damage form from: Shipper Carrier Consignee |
| 2. Original paid freight (expense) bill. | 5. Other particulars obtainable in proof of loss or damage claimed _____ |
| 3. Original invoice or certified copy. | _____ |

Explain the absence of any document called for in this claim. _____

When for any reason, the original paid freight bill or bill of lading is not provided, claimant must indemnify carrier or carriers against duplicate claims supported by original documents.

INDEMNITY AGREEMENT

When the original bill of lading and / or freight bill is not submitted, or is not available for submission, but copies of the original are submitted in support of the claim described above, the claimant agrees to indemnify and hold harmless the carrier receiving this claim, named above, and any participating carriers, and will pay to the carrier or any participating carriers all losses, costs, damages, counsel fees or other expenses it (the carrier) may incur resulting from all lawful subsequent duplicate claims arising out of the same shipment which may be filed and supported by the original documents.

Foregoing statement of fact is hereby certified as correct.

Date

Name of Claimant (Please print)

(Signature of claimant)

Street address

City, State, Zip Code

SUBMIT FORM