STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS

_____ _____ _____
(Your Company Name/Claimant) (Claimant Address) (Your Claim #)

_____ _____ _____
(Name of Carrier) (Carrier Address) (Carrier's #)

This claim for $ _____ is made against the carrier named above by _____
(Name of Claimant)

for **Loss** or **Damage** (*circle one*) in connection with the following described shipments:

Description of Shipment: _____

Name and address of shipper (consignor): _____

Shipped from (origin): _____ Shipped to (destination): _____
(City, town and state) (City, town and state)

Final Destination: _____ Routed via: _____
(City, town and state) (City, town and state)

Bill of Lading Number: _____ Issued by: _____ Date of Bill of Lading: _____

Trailer Number: _____ Name of Consignee (whom shipped to): _____

Address of Consignee (whom shipped to): _____

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.)

Total Amount Claimed: $_____

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THE CLAIM.

(__) 1. Original Bill of Lading, if not previously surrendered to carrier.
(__) 2. Original paid freight (expense) bill.
(__) 3. Original Invoice or certified copy.
(__) 4. Other particulars obtainable in proof of loss or damage claimed.

_____

_____

Remarks:

_____

_____

The foregoing statement of facts is hereby certified as correct. _____ _____
Signature of claimant Date