



Standard Form for Presentation of Loss and Damage Claims

Claimant's Number

(Name of person to whom claim is presented) (Address of claim)

Carrier's Number

(Name of carrier) (Date)

(Address)

This claim for \$ _____ is made against the carrier named above by _____ for
(Amount of claim) (Name of claimant)
 _____ in connection with the following described shipment(s).
(Loss or damage)

Description of Shipment

Name and address of consignor (carrier): _____

Shipped from: _____ To: _____

Paid Freight Bill (Pro) Number: _____ Order # & Initial: _____

Pick Ticket #: _____ Received By: _____

Name & Address of Cosignee (Whom Shipped to): _____

If shipment reconsigned in transit, state particulars: _____

Detailed statement showing how account 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 is required for the process of this claim:

- ♦ Original paid freight (expense) bill
- ♦ Original invoice or certified copy
- ♦ An obtainable receipt for proof of loss or damage (e.g. resale receipt, dumping receipt, etc.)

Please be sure to follow the guidelines outline on our website to ensure proper processing of this claim.

The foregoing statement of facts is hereby submitted as correct: X
(signature)