



## Standard Form for Presentation of Loss and Damage Claims

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

(Name of carrier)

(Date)

(Address)

Claimant's Number

Carrier's Number

This claim for \$ (Amount of claim) is made against the carrier named above by (Name of claimant) for

(Loss or damage)

in connection with the following described shipment(s).

### 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 herby submitted as correct: X (signature)