

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

To: _____
(Name of Carrier)

(Street Address)

(City, State, Zip)

DATE: _____

Claimant's Number: _____

Carrier's Number: _____

This Claim for \$ _____ is made against your company for damage / loss in connection with the described shipment:

Name and Address of Consignor (Shipper):	Name and Address of Consignee:
_____	_____
_____	_____
_____	_____

If Shipment reconsigned en route, state particulars: _____

If Shipment moved from warehousing or distribution point, indicate name of initial shipper and point of origin, and, if known, name of prior carrier(s) and prior billing reference:

The following documents are submitted in support of this claim:

- Original bill of lading Original invoice or certified copy Shippers concealed loss or damage form.
- Original Paid Freight bill or other carrier document bearing notation of loss or damage if not shown on freight bill.
- Carrier's Inspection Report Form (Concealed loss or Damage).
- Consignee concealed loss or damage form. Other particulars obtainable in proof of loss or damage claimed: _____

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. ALL DISCOUNTS and ALLOWANCES MUST BE SHOWN)

(Note: The absence of any document called for in connection with this claim must be explained. When impossible for claimant to produce original bill of lading, or paid freight bill, a bond of indemnity must be given to protect carrier against duplicate claim supported by original documents.)

Remarks: _____

The foregoing statement of facts is hereby certified as correct.

(claimant's name)

(address)
