

Standard Form for Presentation of Loss and Damage Claim

	(Claimant's Number)
(Name of firm by whom claim is presented) _____ (Address of Claimant) _____	
(Name of Carrier) _____ (Date) _____	(Carrier's Number)
(Address) _____	

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

for _____ in connection with the following described shipments:
(Loss or damage)

Description of shipment _____

Name and address of consignor (shipper) _____

Shipped from _____, To _____
(city, town or station) (City, town or station)

Final Destination _____ Routed via _____
(City, town or station)

Bill of Lading issued by _____ Co.; Date of Bill of Lading _____

Paid Freight Bill (Pro) Number _____; Express Bill Serial No. _____

Name and address of consignee (Whom shipped to) _____

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.)

Total Amount Claimed	

The Following Documents Are Submitted in Support of 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 to as correct.

Write any further remarks on back hereof: _____ (Signature of claimant)