

Standard Form for Presentation of Loss and Damage Claims

_____ (Name of person to whom claim is submitted)	_____ (Address of claimant)	_____ (Claimants Reference Number)
_____ (Name of Carrier)	_____ (Date)	
_____ (Address)		

This claim for \$ _____ is made against the 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 shipper _____

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

Final destination _____ ; Routed via _____
(City, town or station) (City, town or station)

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

Paid Freight Bill (PRO) Number _____ ; Original Car Number and Initial _____

Name and address of consignee (whom shipped to) _____

If shipment reconsigned en route, 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.)

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS 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)