

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

Claimant's Ref No. _____

To: _____
 (Name of Delivering Carrier to who claim is presented)

_____ (Date of claim being processed and filed)

_____ (Street Address or Mailing Address)

_____/_____
 (Claimant's telephone Number / Contact Name)

_____ (City, State, Zip Code)

_____/_____
 (Carrier's telephone Number / Contact Name)

Damage

This Claim for \$ _____ is made against your company for Loss in connection with the following described shipment:

(Shipper's Name)	(Consignee's Name)
(Point Shipped From)	(Final Destination)
(Truck No. / Trailer No. / Driver Name)	(Name of Delivering Carrier)
(Date of Bill of Lading)	(Date of Delivery)
(Bill of Lading #)	(Delivering Carrier's Ref No.)

Detailed Statement Showing How Amount Claimed is Determined

(Number and description of articles, nature and extent loss or damage, invoice price of articles, amount of claim, etc)

Total Amount Claimed	\$

Seal# _____

Seal was intact Yes or No

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM (check all items that pertain)

- Original or certified copy of Bill of Lading.
- Original invoice or certified copy (expense) bill.
- Other particulars obtainable in proof of loss or damage claimed.
- Shipper or Consignee concealed loss or damage form.
- Other documentation bearing notation of loss or damage.

_____ (Name of Claimant)

_____ (Date form completed)

_____ (Street Address)

_____ (Signature of Claimant)

_____ (City, State, Zip Code)

_____ (Printed name of Claimant)