STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

(Read Instructions on Back Before Filling in This Form)

To: _____ _____
(Name of Carrier) (Date)

_____ _____
(Street Address) (Claimant's Number)

_____ _____
(City, State) (Carrier's Number)

This claim for $_____ is made against your company for __**Damage** __**Loss** in connection with the following described shipment:

(Shipper's Name)	(Consignee's Name)
(Point Shipped From)	(Final Destination)
(Name of Carrier Issuing Bill of Lading)	(Name of Delivering Carrier)
(Date of Bill of Lading)	(Date of Delivery)
(Routing of Shipment)	(Delivering Carrier's Freight Bill No.)

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 DISCOUNT and ALLOWANCES MUST BE SHOWN.)

Total Amount Claimed	$

The following documents are submitted in support of this claim:

___ Original Bill of Lading ___ Original invoice or certified copy.
___ 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). ___ Shippers concealed loss or damage form.
___ Consignee concealed loss or damage form. ___ Other particulars obtainable in proof of loss or damage claimed:

_____

_____

(Note: The absence of any document called for in connection with this claim must be explained. When impossible for claimants 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.)

IDEMNITY AGREEMENT

In the absence of the Original Freight Bill and/or Original Bill of Lading, we agree to hold the above named carrier to whom this claim is presented and any other participating carrier, harmless and indemnified against any and all lawful claims which may be made against it or them arising out of the same shipment and will pay to the said carrier and any participating carrier(s), all losses, damages, costs, counsel fees or any other expenses which they or any of them may suffer or pay by reason of payment of our claim, herein described, without the surrender of the Original Freight Bill of Lading, as such was not provided and/or cannot be located.

The foregoing statements of facts is hereby certified as correct.

_____ _____
(Date) (Claimant's Name)

_____
(Signature)

_____
(Company, Address, Title)

_____