## **Standard Form for Presentation of Loss and Damage Claims**

|   |   | (Claimant's Number)*         |
|---|---|------------------------------|
| (Company name of Claimant)  | (Address of claimant)   | 1                            |
| (Name of Carrier)   | (Date)  | (PRO Number)                 |
| (Ac   | ddress)   | 1                            |
| This claim for \$ is made against the c   | carrier named above by  |                              |
| (Amount of claim)   | (Name of C  | Claimant)                    |
| forin connec  | ction with the following described shipment(s):   |                              |
| Description of shipment   |   |                              |
| Name and address of consignor (shipper)   | _   |                              |
| Shipped from  | ,to   |                              |
| (City, Town or Station)   | (City, Town, or Station)  |                              |
| Final Destination (City, Town or Station)   | Routed via  |                              |
|   | Date of Dill of Ladina  |                              |
| Bill of lading issued by:   | Date of Bill of Lading  | :                            |
| Paid Freight Bill (Pro) Number:   |   |                              |
| Name and address of Consignee (Whom shipped to)                                   |   |                              |
| If shipment reconsigned enroute, state particulars:                               |   |                              |
|   | SHOWING HOW AMOUNT CLAIMED IS DETERMINED ture and extent of loss or damage, invoice price of articles, amount of claim  |                              |
|   |   |                              |
|   |   |                              |
|   |   |                              |
|   |   |                              |
|   |   |                              |
|   |   |                              |
|   |   |                              |
|   |   |                              |
|   |   |                              |
|   |   |                              |
|   | Total Amoun   | t Claimed                    |
| IN ADDITION TO THE INFORMATION GIVEN ABOV   | /E, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUP  | •                            |
| ( ) 1. Original bill of la<br>( ) 2. Original paid fre<br>( ) 3. Original invoice | ading, if not previously surrendered to carrier. sight ("expense") bill. or certified copy showing claimants cost. s obtainable in proof of loss or damage claimed. |                              |
| Remarks:  |   |                              |
| Remarks.  |   |                              |
|   |   |                              |
| Printed name of claimant (print clearly)  | The foregoing statements of facts is here   | eby certified to as correct. |
| (Claimants contact phone number)  | (Signature of claimar   | nt)                          |
|   | rovided at the upper right hand corner of this form. Reference should be made theret  | *                            |

<sup>&</sup>quot;Claimant will please place check (X) before such of the documents mentioned as have been attached, and explain under "Remarks" the absence of any of the documents called for in connection with this claim. When for any reason it is impossible for claimant to produce original bill of lading, or paid freight bill, claimant should indemnify carrier or carriers against duplicate claim supported by original documents.