**Standard Form-Presentation of Cargo Claim**

These procedures comply with the Federal Motor Carrier Safety Administration regulations for processing of claims for loss, damage, injury, or delay to property transported or accepted for transportation by motor carriers subject to 49 USC Subtitle IV, part B.

Claimants Reference Number: Click or tap here to enter text.

Carriers Reference/Pro Number: Click or tap here to enter text.

This claim for $ is made against your company for [ [ ]  ] Damage or [ [ ]  ] Loss in connection with the shipment described below.

Carrier Name: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

Email Address: Click or tap here to enter text. Phone: Click or tap here to enter text.

Date of Claim: Click or tap to enter a date.

Shipper Name: Click or tap here to enter text.

Shipping Address: Click or tap here to enter text.

Pickup Carrier: Click or tap here to enter text.

Date of Shipment: Click or tap to enter a date.

Consignee Name: Click or tap here to enter text.

Consignee Address: Click or tap here to enter text.

Delivering Carrier Name: Click or tap here to enter text.

Date of Delivery: Click or tap to enter a date.

|  |
| --- |
| 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 DISCOUNTS AND ALLOWANCES MUST BE SHOWN |
| Click or tap here to enter text. |
| NMFC item number of commodity lost or damaged:  | Total Amount Claimed: $  |

\*Claims must identify a specified or determinable amount of money for the alleged loss or damage. The following documents are submitted in support of this claim\*\*:

Original Bill of Lading [ ]  Carriers Inspection Form [ ]

Delivery Receipt Notating Loss or Damage [ ]  Other Information Supporting Claim [ ]

Invoice Detailing Cost of Goods [ ]  If Loss, Customer Note Indicating Not Received [ ]

\*Claims must identify a specified or determinable amount of money for the alleged loss or damage. The following documents are submitted in support of this claim\*\*:Click or tap here to enter text.

**The foregoing statement of facts is hereby certified as correct.**

Claimants name: Click or tap here to enter text. Claimant Phone Number: Click or tap here to enter text.

Claimant Title: Click or tap here to enter text. Claimant Email: Click or tap here to enter text.

Claimant Company: Click or tap here to enter text. Claimant Signature: Click or tap here to enter text.

Claimant Address: Click or tap here to enter text.