

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

Date: _____

Claimant number: _____

Carrier number: _____

This claim for \$ _____ is made against the carrier *for* Loss Damage in connection with the following described shipment:

(Shipper's Name)

(Consignee's Name)

(Shipper: City, State)

(Consignee: City, State)

(Bill of Lading Issued By)

(Name of Delivering Carrier)

(Date of Bill of Lading)

(Date of Delivery)

(Paid Freight Bill Number)

(Car/Trailer Number)

DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM 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

TOTAL AMOUNT CLAIMED _____

THE FOLLOWING DOCUMENTS ARE INCLUDED IN SUPPORT OF THIS CLAIM:

Original Bill of Lading

Pictures

Original Invoice or Certified Copy

Inspection Reports

Original Paid Freight Bill

Consignee Concealed Loss or Damage

Notification Form

(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 duplicated claim supported by original documents.)

INDEMNITY AGREEMENT

In the absence of the Original Freight Bill/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 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 Bill of Lading, as such was not provided and/or cannot be located.

Claimant's Printed Name

Company Name

Claimant's Signature

Company Address

Phone Number/Fax Number
