

Standard Form for Presentation of Loss and Damage Claims

	(Claimant's Number)
(Name of person to whom the claim is presented) _____	(Address of Claimant)
(Name of Carrier) _____	(Date)
(Carrier Address) _____	(Carrier's Number)

This claim for \$ _____ is made against the carrier named above by _____
(Amount of Claim) (Name of Claimant)

for _____ in connection with the following described shipment(s):
(loss or damage)

Description of shipment _____

Name and Address of Consignor (shipper) _____

Shipped from _____ to _____
(City, town or station) (City, town or station)

Final Destination _____ Routed via _____
(City, town or station)

Bill of Lading issued by _____ Co.; Date of Bill of Lading _____

Paid Freight Bill (Pro) Number _____ Original Car Number or Initial _____

Truck or Trailer Number _____ Connecting Line Reference _____

Name and address of consignee (Whom shipped to) _____

If Shipment reconsigned enroute, state particulars: _____

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, ect.)

Total Amount Claimed	

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THE CLAIM*

- Original bill of lading, if not previously surrendered to carrier
- Original paid freight ("expense") bill
- Original invoice or certified copy ("sale price")
- Other particulars obtained in proof of loss or damage

The foregoing statement of facts is hereby certified to as correct _____
(Signature of Claimant)