

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

Claimant's Ref No. _____

To: _____
 (Name of Delivering Carrier to who claim is presented)

(Street Address or Mailing Address)

(City, State, Zip Code)

_____ (Date of claim being processed and filed)

_____ / _____
 (Claimant's telephone Number / Contact Name)

_____ / _____
 (Carrier's telephone Number / Contact Name)

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)
_____	_____
(Truck No. / Trailer No. / Driver Name)	(Name of Delivering Carrier)
_____	_____
(Date of Bill of Lading)	(Date of Delivery)
_____	_____
(Bill of Lading #)	(Delivering Carrier's Ref No.)

Detailed Statement Showing How Amount Claimed is Determined	
(Number and description of articles, nature and extent loss or damage, invoice price of articles, amount of claim, etc.)	
Total Amount Claimed	\$ 0.00

Seal# _____ Seal was intact Yes or No

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM (check all items that pertain)

- Original or certified copy of Bill of Lading.
- Original invoice or certified copy (expense) bill.
- Other particulars obtainable in proof of loss or damage claimed.
- Shipper or Consignee concealed loss or damage form.
- Other documentation bearing notation of loss or damage.

_____ (Name of Claimant)

_____ (Street Address)

_____ (City, State, Zip Code)

_____ (Date form completed)

_____ (Signature of Claimant)

_____ (Printed name of Claimant)