Standard Form for Presentation of Loss and Damage Claims

		(Claimant's Number)*
(Company name of Claimant)	(Address of claimant)	
(Name of Carrier)	(Date)	(PRO Number)
(Addres	ss)	
This claim for \$ is made against the carri	ier named above by	
(Amount of claim)	(Name of Claima	nt)
forin connection (Loss or damage)	n 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	
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:		
	IOWING HOW AMOUNT CLAIMED IS DETERMINED	
	and extent of loss or damage, invoice price of articles, amount of claim, etc.)	
	Total Amount Claim	
IN ADDITION TO THE INFORMATION GIVEN ABOVE, T	THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT	OF THIS CLAIM**
() 1. Original bill of lading	, if not previously surrendered to carrier.	
() 2. Original paid freight	("expense") bill.	
	ertified copy showing claimants cost.	
() 4. Other particulars obt	tainable in proof of loss or damage claimed.	
Remarks:		
		utifical to an anguest
Printed name of claimant (print clearly)	The foregoing statements of facts is hereby ce	rilled to as correct.
(Claimants contact phone number)	(Signature of claimant)	
	ed at the upper right hand corner of this form. Reference should be made thereto in all co	orrespondence
pertaining to this claim.		

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.