

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

TO: Matheson Fast Freight
P.O. Box 910
Elk Grove, CA 95759
Attn: Claim Department

Date: _____
Claimant's Number: _____
Carrier's Number: _____

The claim for \$ _____ is made against your company for ☐ Damage in connection with the following shipment.
☐ Loss

(shipper's name)	(Consignee's Name)
(Point shipped from)	(Final Destination)
(Name of carrier issuing bill of lading)	(Name of Delivering Carrier)
(Date of Bill of Lading)	(Date of Delivery)
(Routing of Shipment)	(Delivering Carrier's Freight Bill No)

If shipment reconsigned en route, state particulars: _____

If shipment moved from warehousing or distribution point, indicate name of initial shipper and point of origin, and, if known, name of prior carrier or carriers and prior billing reference:

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIM IS DETERMINED	
(Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)	
ALL DISCOUNT AND ALLOWANCES MUST BE SHOWN	

Total Amount Claimed: _____	

The following documents are submitted in support of this claim:

- ☐ Original Bill of Lading
- ☐ Original invoice or certified copy
- ☐ Original paid freight bill or other carrier document bearing notation of loss or damage if not shown on freight bill
- ☐ Carrier's Inspection Report Form (Concealed loss or damage)
- ☐ Shippers concealed loss or damage form
- ☐ Consignee concealed loss or damage form
- ☐ Other particulars obtainable in proof of loss or damage claimed

(**Note:** The absence of any document called for in connection with this claim must be explained. When impossible for claimant to produce original bill of lading, or paid freight bill, a bond of indemnity must be given to protect carrier against duplicate claim supported by original documents.)

Remarks: _____

The foregoing statement of facts is hereby certified as correct.

(Claimant's Name)

(Address)

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