



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)
(Address)		
This claim for \$ _____ is made against the carrier named above by _____ <small>(Amount of claim)</small> <small>(Name of Claimant)</small>		
for _____ in connection with the following described shipment(s): <small>(Loss or damage)</small>		
Description of shipment _____		
Name and address of consignor (shipper) _____		
Shipped from _____, to _____ <small>(City, Town or Station)</small> <small>(City, Town, or Station)</small>		
Final Destination _____ Routed via _____ <small>(City, Town or Station)</small>		
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: _____		
DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED <small>(Number and Description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)</small>		
Total Amount Claimed		
IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM**		
<div style="margin-left: 40px;"> <input type="checkbox"/> 1. Original bill of lading, if not previously surrendered to carrier. <input type="checkbox"/> 2. Original paid freight ("expense") bill. <input type="checkbox"/> 3. Original invoice or certified copy showing claimants cost. <input type="checkbox"/> 4. Other particulars obtainable in proof of loss or damage claimed. </div>		
Remarks: _____		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> _____ <small>Printed name of claimant (print clearly)</small> _____ <small>(Claimants contact phone number)</small> </div> <div style="width: 50%; text-align: center;"> The foregoing statements of facts is hereby certified to as correct. _____ <small>(Signature of claimant)</small> </div> </div>		
*Claimant should assign to each claim a number, inserting same in the space provided at the upper right hand corner of this form. Reference should be made thereto in all correspondence pertaining to this claim. **Claimant will please place check (X) before such of the documents mentioned as have been attached, and explain under "Remarks" the absence of any of the documents called for 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.		