## Standard Form for Presentation of Loss and Damage Claims

Standard Form for Fres	seman	on of Loss and D	amage Cla	ıms	
Name of person to whom claim is presented	Name of Carrier			DATE	
Name and address of Claimant	Address			CLAIMANT'S NUMBER	
City, State, Zip	City, State, Zi	p		CARRIER'S NUMBER	
This claim for \$ is made against the carrier named	d above by				
for $\square$ loss $\square$ damage in connection with the following description			o) Number		
Name and address of Consignor (Shipper)		Final Destination - Name and addre		shipped to)	
Shipped City, Town, State		Carrier issuing B/L			
T City, Town, State		Date of B/L	Date of De	livery	
If shipment reconsigned enroute, state particulars					
OETAILED STATEMENT SHOW (Number and description of articles, nature a	and extent of los				
		TOTAL DOLLAR AM	IOUNT CLAIMED		
IN ADDITION TO THE INFORMATION GIVEN ABOVE, TH		ING DOCUMENTS ARE SUE	MITTED IN SUPP	ORT OF THIS CLAIM*	
<ul> <li>1. Original bill of lading, if not previously surrendered to car</li> <li>2. Original paid freight (expense) bill.</li> </ul>	rrier. (	) 4. Concealed loss or dam  ( ) Shipper	age form from: ( ) Carrier	( ) Consignee	
( ) 3. Original invoice or certified copy.	(	) 5. Other particulars obta			
Explain the absence of any document called for in this claim.	7-				
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WHEN FOR ANY REASON, THE ORIGINAL PAID MUST INDEMNIFY CARRIER OR CARRIERS AGAIN	FREIGHT INST DUPI	BILL OR BILL OF LADING LICATE CLAIMS SUPPORT	S IS NOT PROVID TED BY ORIGINA	DED, CLAIMANT AL DOCUMENTS.	
INDE	MNITY A	AGREEMENT			
When the original bill of lading and/or freight bill is not are submitted in support of the claim described above, this claim, named above, and any participating carrier damages, counsel fees or any other expenses it (the carising out of the same shipment which may be filed an	the claims s, and wil arrier) ma	ant agrees to indemnify a l pay to the carrier or an ay incur resulting from	and hold harmle sy participating all lawful subse	ess the carrier receiving carrier all losses, costs	
Foregoing statement of fact is hereby	certified	as correct.			
			Name of Claimant		
Date			Street Address		
Dave			Street Address		
(Signature of Claimant)		City, State, Zip Code			