

STANDARD FORM FOR FILING LOSS AND DAMAGE CLAIMS

(Name of Person and Company submitting claim)		(0	Claimant's Reference #)
(Address of claimant)		(F	Phone Number)
(Date)			
This claim for \$is made against your of with the following shipment	ompany for	Damage	Loss in connection
(Shipper's Name)	(Consignee's Name)		
(Shipper's Address)	(Final Destination)		
(BOL#/HAWB#)	(Name of Delivering Carrier)		
(Date of Bill of Lading)	(Date of Delivery)		
(Routing of Shipment)	(Delivering Carrier's Freight Bill No.)		
DETAILED STATEMENT SHOWING HOW (Number and description of articles, nature and extent of loss ALL DISCOUNTS AND ALLOW	or damage, invoice p	rice of articles,	
NMFC Item No. of commodity lost or damage	Total Amount	Claimed	
IN ADDITION TO THE INFORMATION GIVEN AE SUBMITTED IN SUPPO			NTS ARE
Delivery Receipt.			nized Repair Bill.
Original paid freight (expense) bill. Original bill of lading if not proviously surrounders.	d to corrier		cking List. otographs
 Original bill of lading, if not previously surrendered Other particulars obtainable in proof of loss or dar 			ginal invoice or certified copy
Remarks:			
The foregoing statement of facts is hereby positived to account			
The foregoing statement of facts is hereby certified to as correct	(Signature	of claimant)	·
Conta	ct Email Address:	,	
	act Fax #:		

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 to the claim number in all correspondence pertaining to this claim.

Claimant will please palace a (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 if required, or paid freight bill, claimant should indemnify carriers or carriers against duplicate claim supported by original documents.