

Standard Form for Presentation of Loss and Damage Claims

_____ (Name of person to who claim is submitted)	_____ (Address of claimant)	_____ (Claimants Reference Number)
_____ (Name of Carrier)	_____ (Date)	
_____ (Address)		

This claim for \$ _____ is made against the carrier named above by _____
(Amount of claim) (Name of Claimant)

for _____ in connection with the following described shipments:
(Loss or damage)

Description of shipment _____

Name and address of shipper _____

Shipped from _____; To _____
(City, town or station) (City, town or station)

Final destination _____; Routed via _____
(City, town or station) (City, town or station)

Bill of Lading issued by _____ Co.; Date of Bill of Lading _____

Paid Freight Bill (PRO) Number _____; Original Car Number and Initial _____

Name and address of consignee (whom shipped to) _____

If shipment reconsigned en route, state particulars: _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

(Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IN ADDITION TO THE INFORMATION GIVEN ABOVE, 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.
- () 3. Original invoice or certified copy.
- () 4. Other particulars obtainable in proof of loss or damage claimed.

REMARKS: _____

The foregoing statement of facts is hereby certified as correct: _____
(Signature of claimant)