## **Standard Form for Presentation of Loss & Damage Claims** (Claimant's Number) (Name of person to whom claim is presented ) (Name & Address of Claimant) (Name of carrier) (Carrier's Number) (Address) This claim for \$ \_\_\_\_\_ is made against the carrier named above by \_\_\_\_\_ (Name of Claimant) in connection with the following described shipment(s): Description of Shipment Name & Address of Consignor (Shipper) Final Destination (City, town or station) Routed Via Bill of Lading issued by \_\_\_\_\_ ; Date of Bill of Lading \_\_\_\_\_ Paid Freight Bill (PRO) Number ; Original Car Number & Initial Truck or Trailer Number Connecting Line Reference Name and address of consignee (Whom shipped to) If shipment reconsigned enroute, 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.) Total Amount Claimed IN ADDITION TO THE INFORMATION GIVEN ABOVE. THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM Original bill of lading, if not previously surrendered to carrier. Original invoice or certified copy. Original paid freight ("expense") bill. Other particulars obtainable in proof of loss or damage claimed. Remarks The foregoing statement of facts is hereby certified to as correct. (Signature of Claimant) 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 hereto in all correspondence pertaining to this claim. Claimant will please place check (x) before such of the document mentioned or 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

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