

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

TO: _____
 _____ (Name of Carrier) _____ (Date)
 _____ (Street Address) _____ (Claimant's Number)
 _____ (City, State) _____ (Carrier's Number)

This claim for \$ _____ is made against your company for _____ Damage _____ Loss in connection with the following shipment:

_____ (Shippers Name)	_____ (Consignee's Name)
_____ (Point shipped From)	_____ (Final Destination)
_____ (Name of Carrier Issuing Bill of Lading)	_____ (Name of Delivering Carrier)
_____ (Date of Bill Lading)	_____ (Date of Delivery)
_____ (Routing of Shipment)	_____ (Delivering Carriers Freight Bill No.)

If shipment reconsigned en route, state particulars: _____

If shipment moved from warehousing or distribution point, indicate name of initial shipper and point of origin and if known, name of prior carrier or carriers and prior billing reference: _____

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. ALL DISCOUNTS AND ALLOWANCES MUST BE SHOWN.)

NMFC Item No. of commodity loss or damaged _____ Total Amount Claimed _____

The following documents are submitted in support of this claim:

- | | |
|---|--|
| _____ Original Bill of Lading | _____ Original invoice or certified copy |
| _____ Original paid freight bill or other carrier document bearing notation of loss or damage if not shown on freight bill. | |
| _____ Carrier's Inspection Report Form (Concealed loss or damage) | _____ Shipper's concealed loss or damage form |
| _____ Consignee concealed loss or damage form | _____ Other particulars obtainable in proof of loss or damage claimed: _____ |

(Note: The absence of any document called for in connection with this claim must be explained. When impossible for claimant to produce original bill of lading, or paid freight bill, a bond of indemnity must be given to protect carrier against duplicate claim supported by original documents.)

Remarks: _____

The foregoing statement of facts is hereby certified as correct.

 (Claimant's Name)

 (Address)