

# Standard Form for Presentation of Loss and Damage Claims

Date \_\_\_\_\_ Claimant's reference number \_\_\_\_\_ Carrier's waybill number \_\_\_\_\_

Claimant

Name \_\_\_\_\_

Name and address of Carrier

Company name \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

This claim for \$ \_\_\_\_\_ is made against the carrier named above by \_\_\_\_\_ for  
 loss  damage (check one) in connection with the following described shipments of paid Freight Bill (Pro) Number \_\_\_\_\_

Name and address of Consignor (Shipper)

Final Destination - Name and address of Consignee (whom shipped to)

Date of Bill of Lading \_\_\_\_\_

Date of Delivery \_\_\_\_\_

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.)  
SHOW ALL DISCOUNTS AND ALLOWANCES

TOTAL DOLLAR AMOUNT CLAIMED \_\_\_\_\_

In addition to the information given above, the following documents are submitted in support of this claim

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Original bill of lading, if not previously surrendered to carrier. | <input type="checkbox"/> 4. Repair or salvage documentation.  |
| <input type="checkbox"/> 2. Original paid freight (expense) bill.                              | <input type="checkbox"/> 5. If concealed damage, evidence to show damage occurred during carrier's handling of the shipment |
| <input type="checkbox"/> 3. Original invoice or certified copy.                                | <input type="checkbox"/> 6. Other particulars obtainable in proof of loss or damage claimed _____                           |

Explain the absence of any document called for in this claim.

When for any reason the original paid freight bill or bill of lading is not provided, claimant must indemnify carrier or carriers against duplicate claims supported by original documents.

## INDEMNITY AGREEMENT

When the original bill of lading and / or freight bill is not submitted, or is not available for submission, but copies of the original are submitted in support of the claim described above, the claimant agrees to indemnify and hold harmless the carrier receiving this claim, named above, and any participating carriers, and will pay to the carrier or any participating carriers all losses, costs, damages, counsel fees or other expenses it (the carrier) may incur resulting from all lawful subsequent duplicate claims arising out of the same shipment which may be filed and supported by the original documents.

Foregoing statement of fact is hereby certified as correct.

\_\_\_\_\_

Date

\_\_\_\_\_

Name of Claimant (Please print)

\_\_\_\_\_

(Signature of claimant)

\_\_\_\_\_

Company name (Please print)

\_\_\_\_\_

Street address

\_\_\_\_\_

City, State, Zip Code