



STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS

Attention: CLAIMS DEPARTMENT

\_\_\_\_\_ Date

\_\_\_\_\_ Bill of Lading (Pro#)

This claim for \$ \_\_\_\_\_ is made against the carrier named above by \_\_\_\_\_  
(Amount of Claim) (Name & Address of Claimant)

Claim is for LOSS / DAMAGE (Circle to indicate)

Description of shipment \_\_\_\_\_

Name & Address of Shipper \_\_\_\_\_

Name & Address of Consignee \_\_\_\_\_  
(If different from Claimant)

DETAILED STATEMENT SHOWING HOW CLAIM AMOUNT IS DETERMINED

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

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Amount Claimed \$ \_\_\_\_\_

IN ADDITION TO THE INFORMATION GIVEN ABOVE, PLEASE PROVIDE THE FOLLOWING DOCUMENTS IN SUPPORT OF THIS CLAIM

- Bill of Lading
- Paid Freight Bill (if applicable)
- Proof of Delivery
- Copy of Original Cost invoice verifying claim amount
- Copy of Repair Bill (if applicable)
- Other Relevant supporting documentation

Note: Carrier liability limited to \$2.00/lb. The customer must retain damaged goods until such time as claim is settled.