

# STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

(Read Instructions on Back Before Filling Out This Form)

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 describes shipment:

_____ (Shipper's Name) _____ (Point Shipped From) _____ (Name of Carrier Issuing Bill of Lading) _____ (Date of Bill of Lading) _____ (Routing of Shipment)	_____ (Consignee's Name) _____ (Final Destination) _____ (Name of Delivering Carrier) _____ (Date of Delivery) _____ (Delivering Carrier's Freight Bill No.)
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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 references: \_\_\_\_\_

Detailed Statement Showing How Amount Claimed is Determined	
(Number and description of articles, nature and extent loss or damage, invoice price of articles, amount of claim, etc.)	
ALL DISCOUNT and ALLOWANCES MUST BE SHOWN.)	
NMFC Item No. of commodity lost or damaged _____	<b>Total Amount Claimed</b> _____

- 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.  Shipper's concealed loss or damage form.
  - Carrier's Inspection Report Form (Concealed loss or damage).  Other particulars obtainable in proof of loss or damage Claimed:
  - Consignee concealed loss or damage form.

(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.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 (Claimants Name)  
 \_\_\_\_\_  
 (Address)  
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