

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

TO: _____ DATE: _____

ADDRESS: _____ REFERENCE # _____

CITY/STATE/ZIP _____ PRO/HAWB # _____

THIS CLAIM FOR \$ _____ IS MADE FOR **LOSS OR DAMAGE** PER DESCRIBED BELOW
(Indicate by circling above)

SHIPPER _____ CONSIGNEE _____

POINT SHIPPED FROM _____ FINAL DESTINATION _____

NAME OF CARRIER/FORWARDER ISSUING BOL _____

NAME OF DELIVERING CARRIER _____

DATE OF BILL OF LADING _____ DATE OF DELIVERY _____

ROUTING OF SHIPMENT _____ CARRIERS FREIGHT BILL # _____

IF SHIPMENT RECONSIGNMENT IN ROUTE, STATE PARTICULARS _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED. SHOW ALL DISCOUNTS AND ALLOWANCES.
(NMFC number and description of articles, nature and extent of loss/damage, invoice replacement price of articles)

CIRCLE "Y" OR "N" FOR DOCUMENTS SUBMITTED IN SUPPORT OF THIS CLAIM:

ORIGINAL BILL OF LADING: Y N ORIGINAL INVOICE OR CERTIFIED COPY: Y N
ORIGINAL PAID FREIGHT BILL OR DOCUMENT BEARING NOTATION OF DAMAGE Y N
CARRIER'S INSPECTION REPORT FORM (CONCEALED LOSS OR DAMAGE) Y N
SHIPPER'S CONCEALED LOSS OR DAMAGE FORM Y N
CONSIGNEE'S CONCEALED LOSS OR DAMAGE FORM Y N

OTHER PARTICULARS OBTAINABLE IN PROFF OF LOSS OR DAMAGE CLAIMED Y N (IF Y, ATTACH)

NOTE: THE ABSENCE OF ANY DOCUMENT CALLED FOR IN CONJUNCTION WITH THIS CLAIM MUST BE EXPLAINED. WHEN IMPOSSIBLE FOR CLAIMANTS PRODUCE THE ORIGINAL BILL OF LADING, OR PAID FREIGHT BILL, A BOND OF INDEMNITY MUST BE GIVEN TO PROTECT CARRIER AGAINST DUPLICATE CLAIMS SUPPORTED BY ORIGINAL DOCUMENTS.

INDEMNITY AGREEMENT: IN THE ABSENCE OF THE ORIGINAL FREIGHT BILL AND/OR BILL OF LADING, WE AGREE TO HOLD THE ABOVE NAMED TO WHOM THIS CLAIM IS PRESENTED AND ANY OTHER PARTICIPATING CARRIER HARMLESS AND INDEMNIFIED AGAINST ANY AND ALL LAWFUL CLAIMS WHICH MAY BE MADE AGAINST IT OR THOSE ARISING OUT OF THE SAME SHIPMENT AND WILL PAY TO SAID CARRIER AND ANY PARTICIPATING CARRIER(S), ALL LOSSES, DAMAGE COSTS, COUNSEL FEES OR ANY OTHER EXPENSES WHICH THEY OR ANY OF THEM MAY SUFFER OR PAY BY REASON OF PAYMENT OF OUR CLAIM, HEREIN DESCRIBED, WITHOUT THE SURRENDER OF THE ORIGINAL FREIGHT BILL OR BILL OF LADING, AS SUCH WAS NOT PROVIDED AND/OR CANNOT BE LOCATED.

THE FOREGOING STATEMENTS OF FACTS ARE HEREBY CERTIFIED AS CORRECT. DATE: _____

CLAIMANT'S NAME (PRINT): _____ **PHONE NUMBER:** _____

SIGNATURE: _____ **TITLE:** _____

COMPANY NAME AND ADDRESS: _____