

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

TO	
ADDRESS	
CITY	
STATE	
ZIP CODE	

DATE CLAIM MAILED	
CLAIMANT'S #	
CARRIER PRO #	

This claim is made against above named carrier for		<input type="checkbox"/>	Damage in connection with the following described shipment.	
		<input type="checkbox"/>	Loss	
SHIPPER			CONSIGNEE	
NAME			NAME	
ADDRESS			ADDRESS	
CITY			CITY	
STATE			STATE	
ZIP			ZIP	
CARRIER			CARRIER	
BL DATE			BL DATE	

Provide a 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 lost or damaged	TOTAL AMOUNT CLAIMED

The following documents are submitted in support of this claim:

- Bill of lading
- Invoice
- Inspection Report
- Paid freight bill
- Proof of delivery with notation of loss or damage

Other

INDEMNITY AGREEMENT

In the absence of the original freight bill and/or original bill of lading, we agree to hold the above named carrier 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 them arising out of the same shipment and will pay to the said carrier and any participating carrier(s), all losses, damages, costs, counsel fees, and any other expenses which they or any of them may suffer or pay by reason of payment of our claim, herein described, without 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 is hereby certified correct.

	(Name and Title of Contact Filing Claim)
Date	Signature

Company Name, Address, City, State, Zip

Telephone Number of Contact