

# Standard Form for Presentation of Loss and Damage Claims

(Name of person to whom claim is presented)	(Address of claimant)	(Claimant's Number)
(Name of carrier)	(Date)	(Carrier's Number)
(Address)		

This claim for \$ \_\_\_\_\_ is made against the carrier named above by \_\_\_\_\_  
(Amount of claim) (Name of claimant)

For \_\_\_\_\_ in connection with the following described shipment(s).  
(Loss or damage)

**Description of Shipment:**  
 Name and address of consignor (shipper): \_\_\_\_\_  
 Shipped from: \_\_\_\_\_ To: \_\_\_\_\_  
(City, Town, or Station) (City, Town, or Station)

Final Destination: \_\_\_\_\_ Routed Via: \_\_\_\_\_  
(City, Town, or Station)

Paid Freight Bill (Pro) Number: \_\_\_\_\_ Original Car Number and Initial: \_\_\_\_\_  
 Truck or Trailer Number: \_\_\_\_\_ Connecting Line Reference: \_\_\_\_\_

Name and address of Consignee (Whom shipped to) \_\_\_\_\_

If shipment reconsigned enroute, state particulars: \_\_\_\_\_

Detailed Statement Showing How Amount Claimed is Determined	
<small>(Number and description of articles, nature, and extent of loss or damage, invoice price of articles, amount of claim, etc.)</small>	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Amount Claimed:	\$

- ◆ In addition to the information given above, the following information listed below is required for ◆  
 ◆ the process of this claim ◆
- Original Paid freight (expense) bill.
  - Original Invoice or Certified copy.
  - An obtainable receipt for proof of loss or damage (i.e. Resale Receipt, Dumping Receipt, etc.)

Remarks:

The foregoing statement of facts is hereby submitted as correct:     X      
(Signature)