Standard Form for Presentation of Loss and Damage Claim

To: Date: _____

This claim for $_____ is made against your company for:

☐ Shortage ☐ Visible Damage ☐ Concealed Damage ☐ Theft ☐ Other

Shipper: _____ Consignee: _____

Date of Bill of Lading: _____ Date of Delivery: _____

Pro or Waybill Number: _____ Claimant Number: _____

Detailed Statement Showing How Amount Claim is Determined (Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc. ALL DISCOUNT and ALLOWANCES MUST BE SHOWN)	
Total Amount Claimed:	

The following documents are submitted in support of this claim (if applicable):

☐ Original Bill of Lading

☐ Original paid freight bill or other carrier document bearing notation of loss/damage

☐ Carrier's Inspection Report form

☐ Consignee concealed loss/damage form

☐ Original invoice or certified copy

☐ Shippers concealed loss/damage form

☐ Other particulars obtainable in proof of loss/damage claimed

Claimants Name: _____ Company Name: _____

Address: _____ City/State/Zip: _____

Telephone Number: _____ Signature: _____