

**STANDARD FORM FOR FILLING LOSS AND DAMAGE CLAIMS**

_____	_____	_____
(Name of person to whom claim is presented)	(Address of Claimant)	Ref#
_____	_____	_____
(Name of carrier)	(Address of Carrier)	Ref#
_____		
(Date)		

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

for \_\_\_\_\_ in connection with the following described shipment:  
 (loss or damage)

Description of Shipment: \_\_\_\_\_

Name and address of consignor (shipper): \_\_\_\_\_

Shipped from \_\_\_\_\_ to \_\_\_\_\_  
 (City, town or station) (City, town or station)

Date of Bill of Lading: \_\_\_\_\_

Bill of Lading Number/Pro bill number: \_\_\_\_\_

Consignee Name: \_\_\_\_\_ Address: \_\_\_\_\_

**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.)

Total Amount Claimed	

In addition to the information stated above, the following documents are submitted in support of the claim:

- Original Bill of Lading       Paid Freight (expense) bill       Proof of Delivery
- Copy of repair bill       Original Invoice
- Other \_\_\_\_\_

Remarks: \_\_\_\_\_  
 \_\_\_\_\_

The aforementioned statement of facts is hereby certified as correct \_\_\_\_\_

**Note: Our liability is limited to \$2.00/lb unless otherwise stated on the Bill of Lading**