STANDARD FORM FOR PRESENTATION FOR LOSS AND DAMAGE CLAIMS

(Read Instructions on Back Before Filing in This Form)

(Name of Carrier)	**(Date)**
(Mailing Address)	**(Claimant's Company Name)**
(City, State)	**(Claimant's Claim Number)**
(Phone #)	**(Claimant's Phone # / Fax#)**
(E-Mail)	**(Claimant's E-Mail)**

This claim is for _____ **is made against your company for** ☐ **Damage** ☐ **Loss** **in connection with the following described shipment**

(Shipper's Name)	(Consignee's Name)
(Point Shipped From)	Final Destination)
(Name of Carrier Issuing Bill of Lading)	(Name of Delivering Carrier)
(Date of Bill of Lading)	(Date of Delivery)
(Pick up Carrier's Freight Bill No.)	(Delivering Carrier's Freight Bill No.)

If shipment reconsigned en route, state particulars:

If shipment moved from warehousing or distribution point, indicate name of initial shipper and point of origin, and, if known name of prior carrier or carriers and prior billing reference:

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 DISCOUNT and ALLOWANCES MUST BE SHOWN.)

Qty:	Description:	Amount:

NMFC Item No. Of Commodity lost or damaged — Total amount Claimed

The following documents are submitted in support of this claim:

- ☐ Original Bill of Lading
- ☐ Carrier's Inspection Report Form (Concealed loss or damage).
- ☐ Consignee concealed loss or damage form.
- ☐ **Vendor's Invoice***
- ☐ Shipper's concealed loss or damage form.
- ☐ Original invoice or certified copy.
- ☐ Original paid freight bill or other carrier document-bearing notation of loss or damage if not shown on freight bill.
- ☐ Other particulars obtainable in proof of loss or damage claimed:

(Note: The absence of any document called for in connection with this claim must be explained. When impossible for claimant to produce original bill of lading, or paid freight bill, a bond of indemnity must be given to protect carrier against duplicate claim support by original documents.)

Remarks:

The foregoing statement of facts is herby certified as correct.

<u>The following will be where all correspondence and/or check will be sent.</u>

(Claimant's Company Name)

(Claimant's Correspondence Address)

(City, State)