

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

(Read Instructions on Back Before Filling in This Form)

To: _____ <div style="text-align: center; font-size: small;">(Name of Carrier)</div>	_____ <div style="text-align: center; font-size: small;">(Date)</div>
_____ <div style="text-align: center; font-size: small;">(Street Address)</div>	_____ <div style="text-align: center; font-size: small;">(Claimant's Number)</div>
_____ <div style="text-align: center; font-size: small;">(City, State)</div>	_____ <div style="text-align: center; font-size: small;">(Carrier's Number)</div>

This claim for \$ _____ is made against your company for Damage Loss in connection with the following described shipment:

_____ <div style="text-align: center; font-size: x-small;">(Shipper's Name)</div>	_____ <div style="text-align: center; font-size: x-small;">(Consignee's Name)</div>
_____ <div style="text-align: center; font-size: x-small;">(Point Shipped From)</div>	_____ <div style="text-align: center; font-size: x-small;">(Final Destination)</div>
_____ <div style="text-align: center; font-size: x-small;">(Name of Carrier Issuing Bill of Lading)</div>	_____ <div style="text-align: center; font-size: x-small;">(Name of Delivering Carrier)</div>
_____ <div style="text-align: center; font-size: x-small;">(Date of Bill of Lading)</div>	_____ <div style="text-align: center; font-size: x-small;">(Date of Delivery)</div>
_____ <div style="text-align: center; font-size: x-small;">(Routing of Shipment)</div>	_____ <div style="text-align: center; font-size: x-small;">(Delivering Carrier's Freight Bill No.)</div>

If shipment reconsigned en route, state particulars: _____

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.)

NMFC Item No. of commodity lost or damaged _____	Total Amount Claimed _____

The following documents are submitted in support of this claim:

- | | |
|--|---|
| <input type="checkbox"/> Original Bill of Lading | <input type="checkbox"/> Original invoice or certified copy |
| <input type="checkbox"/> Original paid freight bill or other carrier document bearing notation of loss or damage if not shown on freight bill. | |
| <input type="checkbox"/> Carrier's Inspection Report Form (Concealed loss or damage). | <input type="checkbox"/> Shippers concealed loss or damage form. |
| <input type="checkbox"/> Consignee concealed loss or damage form. | <input type="checkbox"/> 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 claimants to produce original bill of lading, or paid freight bill, a bond of indemnity must be given to protect carrier against duplicate claim supported by original documents.)

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 or any other expenses which they or any of them may suffer or pay by reason of payment of our claim, herein described, without the 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 as correct.

(Date)	(Claimant's Name)
	(Signature)
	(Company, Address, Title)

ORIGINAL