STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

To: __________________________________  ____________________________________________
   (Name of Carrier)  (Date Claim Mailed)

   ____________________________________  ____________________________________________
   (Mailing Address) (Claimant’s Number)

   ____________________________________  ____________________________________________
   (City, State, Zip)  (Carrier’s Freight Bill Number)

The following documents are submitted in support of this claim:

- Original Bill Of Lading or certified copy
- Original invoice or certified copy
- Inspection Report Form
- Original paid freight bill or other carrier document bearing notation of loss or damage if not shown on freight bill.
- Other ________________________________ ________________________________ _________________

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 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 correct.

________________________________ ________________________________ ________________________________ 
   (Name and Title of Contact Filing Claim)  (Company Name)  (Address, City, State, Zip)

________________________________ ________________________________ _________________ 
   (Date)  (Signature)  (Telephone No. Of Contact)

Provide a 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 discounts and allowances must be shown.

_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

NMFC Item No. of commodity lost or damaged: ________________________________ _________
Total Amount Claimed

This claim is made against above named carrier for □ Damage in connection with the following described shipment:
□ Loss

________________________________ ________________________________ ________________________________ 
   (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)