



LOSS AND/ OR DAMAGE CLAIM

Name of Carrier		Date	
Street Address		Claimants File Reference	
City/ State/ Zip		Carrier Freight Bill Number	

Claim Amount \$	Type of Claim	Damage	Loss
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Shipper Name		Cosigner Name	
Point Shipping From		Point Shipping To	
Name of Carrier Issuing Bill of Landing		Name of Delivering Carrier	
Date of Bill of Landing		Date of Delivery	
Routing Shipment		Delivering Carrier' s Freight Bill No.	

CLAIM AMOUNT DESCRIPTION

DETAILED STATEMENT SHOWING HOW AMOUNT OF CLAIM WAS DETERMINED.
 Example: number and description of articles, nature and extent of loss or damage, invoice price of articles, etc.
 All discounts and allowances must be shown.

Total Amount of Claim	\$

FOLLOWING DOCUMENTS ARE SUBMITTED TO SUPPORT CLAIM

Bill of Landing Copy	Cosignee concealed loss or damage form
Original Freight Bill (or other document bearing notation of loss if not shown on freight bill)	Original invoice or certified copy
Carrier' s inspection report form (concealed loss or damage)	Other

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED AS CORRECT

Claimant' s Name		Claimant' s Representative	
Address		Phone Number	
City/ State/ Zip		Fax Number	