

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)

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

_____	_____
<small>(Shipper's Name)</small>	<small>(Consignee's Name)</small>
_____	_____
<small>(Point Shipped From)</small>	<small>(Final Destination)</small>
_____	_____
<small>(Name of Carrier Issuing Bill of Lading)</small>	<small>(Name of Delivering Carrier)</small>
_____	_____
<small>(Date of Bill of Lading)</small>	<small>(Date of Delivery)</small>

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

- 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.

_____	_____
<small>(Date)</small>	<small>(Name and Title of Contact Filing Claim)</small>
_____	_____
<small>(Company Name)</small>	<small>(Signature)</small>
_____	_____
<small>(Address, City, State, Zip)</small>	<small>(Telephone No. Of Contact)</small>