

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

(Read Instructions on Back Before Filling in This Form)

To: _____ (Name of Carrier) _____ (Date)
 _____ (Street Address) _____ (Claimant's Number)
 _____ (City, State & Zip Code) _____ (Carrier's Number)

This claim 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)
_____ (Routing of Shipment)	_____ (Delivering Carrier's Freight Bill No.)

If shipment reconsigned en route, state particulars _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED (Number & description of articles, nature & extent of loss or damage, invoice prices of articles, amount of claim etc.) ALL DISCOUNTS & 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"/> Shippers concealed loss or damage form |
| <input type="checkbox"/> Carrier's Inspection Report form (concealed loss or damage) | <input type="checkbox"/> Other particulars in proof of loss or damage claimed |
| <input type="checkbox"/> Consignee concealed damage loss or damage form | |

(Note: The absence of any document called for in connection with this claim must be explained. When impossible for claimants to produce original documents of lading or unpaid freight bill, a bond of indemnity must be given to the 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 arising out of the same shipment and will pay to the said carrier and any participating carrier(s)

The foregoing statement of facts is hereby certified as correct:

_____ (Date)	_____ (Claimants' Phone #)	_____ (Claimant Company Name)
_____ (Claimant's Name)	_____ (Claimant's Fax #)	_____ (Claimant's address)
_____ (Signature)	_____ (Claimant's E-Mail)	_____ (Claimant's City, State and Zip)