



Standard Form for Presentation of Loss and Damage Claims

Please E-mail completed forms and all support documents to Claims@Bluewaterlogisticsgroup.com

Date _____ Claimant's reference number _____ Carrier's waybill (pro) number _____

Claimant

Name _____

Name and address of Carrier

Company name _____

Address _____

Phone: _____

This claim for \$ _____ is made against the carrier named above by _____ for
 loss damage (check one) in connection with the following described shipments of paid Freight Bill (Pro) Number _____

Name and address of Consignor (Shipper)

Final Destination - Name and address of Consignee (who shipped to)

Date of Bill of Lading _____

Date of Delivery _____

If shipment reconsigned in 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.)
 SHOW ALL DISCOUNTS AND ALLOWANCES

TOTAL DOLLAR AMOUNT CLAIMED: _____

In addition to the information given above, the following documents are submitted in support of this claim:

- () 1. Copy of the original bill of lading.
- () 2. Copy of the original paid freight bill
- () 3. Copy of the original wholesale invoice, certified copy
- () 4. Copy of the repair or salvage documentation
- () 5. If concealed damage, evidence to show damage occurred during carrier's handling of the shipment
- () 6. Other particulars obtainable in proof of loss or damage claimed i.e., delivery receipt, pictures, etc..

When for any reason the original paid freight bill or bill of lading is not provided, claimant must indemnify carrier or carriers against duplicate claims supported by the original documents.

INDEMNITY AGREEMENT

When the original bill of lading and / or freight bill is not submitted, or is not available for submission, but copies of the original are submitted in support of the claim described above, the claimant agrees to indemnify and hold harmless the carrier receiving this claim, named above, and any participating carriers, and will pay to the carrier or any participating carriers all losses, costs, damages, counsel fees or other expenses it (the carrier) may incur resulting from all lawful subsequent duplicate claims arising out of the same shipment which may be filed and supported by the original documents.

Foregoing statement of fact is hereby certified as correct.

 Date

 (Signature of claimant)

 Name of Claimant (Please print)

 Company name (Please print)

 Street address

 City, State, Zip Code