# STANDARD FORM FOR
# PRESENTATION OF LOSS AND DAMAGE CLAIMS

Approved by the Interstate Commerce Commission, the National Industrial Traffic League,
the Freight Claim Division, and the Association of American Railroads

_____ _____
**(Name of person to whom claim is presented)** **(Address of Claimant)** **(Claimant's Number)**

_____ _____
**(Name of Carrier)** **(Date)** **(Carrier's Number)**

_____
**(Address of Carrier)**

This claim for $_____ is made against the carrier named above by_____
Amount of Claim Name of Claimant

For_____in connection with the following described shipment(s):
Loss or Damage

Description of Shipment_____

Name and Address of consignor (shipper)_____

Shipped from_____ to _____
City, Town, or Station City, Town, or Station

Final Destination_____ Routed via_____
City, Town, or Station

Bill of Lading issued by_____Co.; Date of Bill of Lading _____

Paid Freight Bill (Pro) Number_____; Original Car Number and Initial_____

Truck or Trailer Number_____ Connecting Line Reference_____

Name and Address of Consignee (Whom shipped to)_____

If shipment reconsigned enroute, 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….

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

**IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM**

( ) 1. Original bill of lading, if not previously surrendered to carrier.
( ) 2. Original paid freight ("expense") bill.
( ) 3. Original invoice of certified copy.
( ) 4. Other particulars obtainable in proof of loss or damage claimed.

_____
_____

**REMARKS**_____
_____
_____
_____

The foregoing statement of facts is hereby certified to as correct _____
(Signature of Claimant)

Claimant should assign to each claim a number, inserting same in the space provided at the upper right hand corner of this form. Reference should be made thereto in all correspondence pertaining to this claim.
Claimant will please place check (x) before such of the documents mentioned as have been attached, and explain under "REMARKS" the absence of any of the documents called for in connection with this claim. When for any reason it is impossible for claimant to produce original bill of lading, or paid freight bill, claimant should indemnify carrier or carriers against duplicate form supported by original documents.