

Loss and Damage Claim Form — Simplified

Claimant: _____
Remit To: _____

Date: _____
Claimants No: _____
Carriers No: _____

1. Attention: This claim filed against carrier named below for _____ Loss _____ Damage to described shipment.

2. Loss and Damage Claim Agent

Date of Shipment _____ B/L No: _____
Carriers Pro. No: _____ Date: _____
Routing: _____

3. Consignor _____

4. Consignee _____

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Details of Claim	
<i>Number and Description of Articles, Invoice Value, etc.</i>	<i>Amount</i>

In support of this claim the following documents are submitted:

- _____ Original Bill of Lading
- _____ Original Paid Freight Bill
- _____ Original Invoice or Certified Copy
- _____ Inspection Report
- _____ Shortage Certificate
- _____ Copy of signed delivery receipt
- _____ Other _____

Indemnity Agreement

The Claimant agrees to protect the carrier and its connections against any loss resulting from non-surrender of original bill of lading, or original freight bill, or both.

The foregoing statement of facts is hereby certified to as correct.