

PRESENTATION OF CLAIM FOR LOSS AND DAMAGE

Date Claim Received _____
 Adjuster _____
 Claim No. _____

INSTRUCTIONS TO CLAIMANT

DETAILS OF CLAIM

Order No.	Date Loaded	Date Delivered	From (City, State)	To (City, State)

Claimant:

Address:

THE COMPANY RESERVES THE RIGHT TO REQUIRE NOTARIZED STATEMENT OF AFFIDAVIT.

If moved previously, give Name of Carrier _____ Order No. _____ Date _____
 Origin _____ Destination _____

Invent. Number	ARTICLE	Loss or Damage If Damage - Describe Extent	Est. Weight	Date Acquired	Original Cost	Present Value	Amount Claimed	Est. Cost Of Repairs	Home Office Use Only

Were exceptions noted on inventory at destination? Yes ___ No ___ Total _____

I am the owner of the property described. I did not cause or contribute the damage set forth herein. All statements made in this statement of claim and any attached documents are true and correct to the best of my knowledge and belief, and constitute my complete and entire claim. No material information has been withheld.

Shipment Released At:
 60% Per Lb. Per Article
 Valuation Declared On Bill/Lading _____

 Signature of Claimant Date Home Phone No. Bus. Phone No.

INSPECTORS REMARKS

Inspector: List on additional paper a full report of observations, conclusions and recommendations with respect to each item listed above.