

Presentation of Loss and Damage Claims

CLAIMANT INFORMATION

Name of person to whom claim is presented	Name of Carrier			Date	
Name and address of Claimant	Address		Claimaint's Number		
City, State/Province, Zip/Postal Code	City, State/Province, Zip/Postal Code		Carrier's Number		
This claim for \$ is marked in connection with the second se	he following de	carrier named above be scribed shipments of p	oaid Freight E	Bill Number	
Name and address of Consignor (Shipper)		Name and address of Consignee (Ship to)			
Shipped From City, Town, Sta	te/Province	Carrier issuing B/	L		
Shipped To City, Town, Sta	te/Province	Date of B/L		Date of Delivery	

Page 2 - Must be completed for claim to be valid



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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

<u> </u>			.== -			
		TOTAL DOLLAR AMOUNT CLAIM				
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 freigh						
() 3. Original invoice or						
() 4. Concealed loss or						
() Shipper () Ca						
() 5. Other particulars of	btainable in proof of loss or damage	e claimed.				
Explain the absence of any	document called for in this claim		· · · · · · · · · · · · · · · · · · ·			
WHEN FOR A	ANY REASON, THE ORIGINAL PAI	D FREIGHT BILL OR BILL OF LADI	NG IS NOT PROVIDED, CLAIMANT			
	•		ORTED BY ORIGINAL DOCUMENTS.			
	IN	DEMNITY AGREEMENT				
When the original bill of los	ling and/or fraight hill is not submitte	ed ar is not available for submission	but agains of the original			
		ed, or is not available for submission,				
		bove, the claimant agrees to inde				
	_	and any participating carriers, ar	• •			
		ounsel feels or any other expens				
_	·	ns arising out of the same shipme	ent which may be filed			
and supported by the original documents.						
Forgoing statement of ta	act is hereby certified as correct.					
			Name of Claimant			
 Date			Street Address			
Date	•		Olioot Addition			
(Signature of Claimant)		City, State	City, State/Province, Zip/Postal Code			
EDMONTON, AB	HOUSTON, TX	OKLAHOMA CITY, OK	CASPER, WY			
PH:(780)955-4224	PH:(281)456-7332	PH:(405)672-4273	PH:(307)237-6172			