



## 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	Claimant's Number
City, State/Province, Zip/Postal Code	City, State/Province, Zip/Postal Code	Carrier's Number

This claim for \$\_\_\_\_\_ is made against the carrier named above by \_\_\_\_\_  
 For  loss  damage in connection with the following described shipments of paid Freight Bill Number \_\_\_\_\_

### SHIPMENT INFORMATION

Name and address of Consignor (Shipper)		Name and address of Consignee (Ship to)	
Shipped From	City, Town, State/Province	Carrier issuing B/L	
Shipped To	City, Town, State/Province	Date of B/L	Date of Delivery

**\*\*Page 2 - Must be completed for claim to be valid\*\***

