

DATE		PRESENTATION OF LOSS OR DAMAGE				CLAIM #			
SHIPPER / CLAIMANT				TRANSPORT CARRIER					
COMPANY NAME				NAME		CARRIER NUMBER			
SHIPPING ADDRESS (NO MAIL TO THIS ADDRESS)				PHONE		EMAIL			
CITY		STATE/ZIP		ADDRESS					
CONTACT		ACCOUNT NO.		CLAIM NUMBER		POLICY #			
INSURER: Transport Carrier to provide their freight insurer info.				DETAILS PERTAINING TO THIS CLAIM					
NAME									
ADDRESS									
CITY		STATE/ZIP							
CONTACT		POLICY NO.							
SETTLEMENT TO BE PAYABLE TO		ADDRESS FOR ALL MAIL		CITY		STATE/ZIP		ACCOUNT NO.	
BILL OF LADING NUMBER		DESCRIPTION of property, articles, nature and extent of damage				PIECES	WEIGHT	CLASS	AMOUNT
DECLARED VALUE OF CLAIM		INSURER COPY RECEIVED			TRANSPORT CARRIER COPY RECEIVED				
I STATE SPECIFICALLY IN DETAIL ABOVE, THE AGREED OR DECLARED VALUE AND ENUMERATION OF THE PROPERTY LOST OR DAMAGED IN THIS CLAIM.		The insurance representative acknowledges having received this claim of loss or damage upon the after mentioned date and time.			The transport carrier acknowledges having received this claim of loss or damage upon the after mentioned date and time.				
THE AGREED OR DECLARED TOTAL VALUE OF THE LOST OR DAMAGED PROPERTIES ARE HEREBY STATED BY THE SHIPPER/CLAIMANT NOT TO EXCEED:		PRINT NAME			PRINT NAME				
x		SIGNATURE			x				
\$		DATE			DATE				
X		TIME			TIME				