

|      |                                       |         |
|------|---------------------------------------|---------|
| DATE | <b>PRESENTATION OF LOSS OR DAMAGE</b> | CLAIM # |
|------|---------------------------------------|---------|

|                           |                          |
|---------------------------|--------------------------|
| <b>SHIPPER / CLAIMANT</b> | <b>TRANSPORT CARRIER</b> |
|---------------------------|--------------------------|

|  |             |                |
|--|-------------|----------------|
| COMPANY NAME                                 | NAME        | CARRIER NUMBER |
| SHIPPING ADDRESS ( NO MAIL TO THIS ADDRESS ) | PHONE       | EMAIL          |
| CITY   | STATE/ZIP   | ADDRESS        |
| CONTACT                                      | ACCOUNT NO. | CLAIM NUMBER   |
|  |             | POLICY #       |

|  |   |
|--|---|
| <b>INSURER: Transport Carrier to provide their freight insurer info.</b> | <b>DETAILS PERTAINING TO THIS CLAIM</b> |
|--|---|

|         |            |
|---------|------------|
| 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 articles, nature and extent of damage and price | PIECES | WEIGHT | CLASS | AMOUNT |
|-----------------------|--|--------|--------|-------|--------|
|                       |  |        |        |       |        |
|                       |  |        |        |       |        |
|                       |  |        |        |       |        |
|                       |  |        |        |       |        |
|                       |  |        |        |       |        |
|                       |  |        |        |       |        |

**DECLARED VALUE OF CLAIM**

I STATE SPECIFICALLY IN DETAIL ABOVE, THE AGREED OR DECLARED VALUE AND ENUMERATION OF THE PROPERTY LOST OR DAMAGED IN THIS CLAIM.

THE AGREED OR DECLARED TOTAL VALUE OF THE LOST OR DAMAGED PROPERTIES ARE HEREBY STATED BY THE SHIPPER/CLAIMANT NOT EXCEED:

\$ \_\_\_\_\_

X \_\_\_\_\_

**INSURER COPY RECEIVED**

The insurance representative acknowledges having received this claim of loss or damage upon the after mentioned date and time.

\_\_\_\_\_

PRINT NAME

x \_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

TIME

**TRANSPORT CARRIER COPY RECEIVED**

The transport carrier acknowledges having received this claim of loss or damage upon the after mentioned date and time.

\_\_\_\_\_

PRINT NAME

x \_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

TIME