

**U.S. Transport Services  
Standard Form for Presentation of Loss and Damage Claim**

NO: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Name of Carrier \_\_\_\_\_  
 \_\_\_\_\_ Mailing Address \_\_\_\_\_ Claimants # \_\_\_\_\_  
 \_\_\_\_\_ City, State Zip \_\_\_\_\_ Carrier's # \_\_\_\_\_

This claim for \$ \_\_\_\_\_ is made against your company for  Damage  Loss in connection with the following shipment:

(Shipper's Name)	(Consignee's Name)
(Point Shipped From)	(Final Destination)
(Name of Carrier Issuing Bill of Lading)	(Name of Delivering Carrier)
(Date of Bill of Lading)	(Date of Delivery)
(Routing of Shipment)	(Delivering Carrier's Freight Bill No.)

If shipment reconsigned en route, state particulars: \_\_\_\_\_

**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.  
**All discounts and all allowances must be shown.**)

Description (Include NMFC Number)	Amount
<b>Total Amount Claimed</b>	

The following documents are submitted in support of this claim:

- |   |   |
|---|---|
| <input type="checkbox"/> Original Bill of Lading  | <input type="checkbox"/> Original invoice or certified copy                     |
| <input type="checkbox"/> Original paid freight bill or other document bearing notation of loss or damage if not shown on freight bill | <input type="checkbox"/> Shipper's or consignee's concealed loss or damage form |
| <input type="checkbox"/> Carrier's Inspection Report  |   |
- Attach other documents which might help resolve this claim

(Note: The absence of any document called for in connection with this claim must be explained. When impossible for claimants to produce original bill of lading or paid freight bill, a bond of indemnity must be given to protect carrier against claim supported by original documents.)

**INDEMNITY AGREEMENT**

In the absence of the Original Freight Bill and/or Original Bill of Lading, we agree to hold the above named carrier to whom this claim is presented and any other participating carrier harmless and indemnified against any and all lawful claim which may be made against it or them arising out of the same shipment and will pay to the said carrier and any participating carrier(s) any losses, damages, costs, counsel fees or any other expenses which they or any of them may suffer or pay by reason of payment of our claim, herein described, without the surrender of the Original Freight Bill or Bill of Lading, as such was not provided and/or cannot be located.

The foregoing statement of facts is hereby certified as correct.

Date: \_\_\_\_\_ Name Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_