Standard Form for Presentation of Loss and Damage Claims

(Name of person to whom claim is presented)		(Address of claimant)	(Claimant's Number)
(Name of Carrier)		· · · · · · · · · · · · · · · · · · ·	(Carrier's Number)
			(Carner's Number)
(Address)		(Date)	
This claim for is made aga	ainst the carrier name above by		
(Amt. of Claim)		Name of Claimant)	
for Lost in transit to	customer.	in connection with the following	described shipment(s)
(loss or dam			
Description of shipment:			
T T	<u> </u>		
Name and address of consignor (shipper):			
Shipped from:	To:	term or station)	
(City, town or station)	(City, 1	town or station)	
Final Destination:	Routed Via:		
(City, town or station)			
Bill of Lading issued by:	Date of Bill of Ladin	ıg:	
Bill of Lading Number:	Original Car Numbe		
Paid Freight Bill (Pro) Number:	Connecting Line Re		
Detailed S (Number and description of articles,	tatement Showing How Amount nature and extent of loss or dama		nt of claim, etc.)
	1.		Amount
			Amount
			<u> </u>
		Total Amount Claimed	
In addition to the informati	ion given above, the following documen	ts are submitted in support of this claim	*#
() 1.	Original bill of lading, if not previously s	urrendered to carrier.	
(<u> </u>	Original paid freight ("expense") bill.		
	Original invoice or certified copy.		
Remarks:			
		the state of the s	
The foregoing statement of facts is hereby cer	rtified to as correct.		
		(Signature of Claimant)	
Claimant should assign to each claim a number, inse		upper right hand corner of this form.	
Reference should be made thereto in all corresponder ""Claimant will please place check (x) before such of t		attached, and explain under "Pemarks	
the absence of any of the documents called for in con-		•	
original bill of lading, or paid freight bill, claimant shou			a company and a company a