



STANDARD FORM FOR PRESENTATION OF LOSS AND / OR DAMAGED CLAIM

DATE

CLAIMANT'S NUMBER

PRO NUMBER

Nature of Claim:

Value of Claim:

SHIPPER'S NAME

CONSIGNEE'S NAME

ADDRESS

ADDRESS

CITY / STATE

CITY / STATE

SHIP DATE

DELIVERY DATE

DETAIL STATEMENT SHOWING HOW THE CLAIMED AMOUNT 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 ALLOWANCES MUST BE SHOWN

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED IN SUPPORT OF THIS CLAIM:

PAID PCXL FREIGHT BILL

INSPECTION REPORT OF LOSS OR DAMAGE

ORIGINAL BILL OF LADING

REPAIR BILL (IF APPLICABLE)

ORIGINAL INVOICE

OTHER DOCUMENTS IN SUPPORT OF CLAIM

THE FOREGOING STATEMENTS OF FACTS ARE HEREBY CERTIFIED AS CORRECT

CLAIMANT'S SIGNATURE

ADDRESS

CITY, STATE