



STANDARD FORM FOR PRESENTATION OF LOSS AND / OR DAMAGED CLAIM

DATE

CLAIMANT'S NUMBER

PRO NUMBER

Nature of Claim:

SHIPPER'S NAME

ADDRESS

CITY / STATE

SHIP DATE

Value of Claim:

SHIPPER'S NAME

ADDRESS

CITY / STATE

SHIP 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

ORIGINAL BILL OF LADING

ORIGINAL INVOICE

INSPECTION REPORT OF LOSS OR DAMAGE

REPAIR BILL (IF APPLICABLE)

OTHER DOCUMENTS IN SUPPORT OF CLAIM

THE FOREGOING STATEMENTS OF FACTS ARE HEREBY CERTIFIED AS CORRECT