



# Standard Form for Presentation of Loss and/or Damaged Claim

DATE MM / DD / YYYY 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 MM / DD / YYYY DELIVERY DATE MM / DD / YYYY  
POSTAL CODE / ZIP \_\_\_\_\_ POSTAL CODE / ZIP \_\_\_\_\_

**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.

\_\_\_\_\_  
SIGNATURE

**CLAIMANT INFORMATION**

COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ PROVINCE / STATE \_\_\_\_\_ POSTAL / ZIP CODE \_\_\_\_\_