

# Loss and Damage Claim Form — Simplified

Claimant: \_\_\_\_\_  
Remit To: \_\_\_\_\_

Date: \_\_\_\_\_  
Claimants No: \_\_\_\_\_  
Carriers No: \_\_\_\_\_

1. Attention: This claim filed against carrier named below for \_\_\_\_\_ Loss \_\_\_\_\_ Damage to described shipment.

2. Loss and Damage Claim Agent

Date of Shipment \_\_\_\_\_ B/L No: \_\_\_\_\_  
Carriers Pro. No: \_\_\_\_\_ Date: \_\_\_\_\_  
Routing: \_\_\_\_\_

3. Consignor \_\_\_\_\_

4. Consignee \_\_\_\_\_

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Details of Claim	
<i>Number and Description of Articles, Invoice Value, etc.</i>	<i>Amount</i>

In support of this claim the following documents are submitted:

- \_\_\_\_\_ Original Bill of Lading
- \_\_\_\_\_ Original Paid Freight Bill
- \_\_\_\_\_ Original Invoice or Certified Copy
- \_\_\_\_\_ Inspection Report
- \_\_\_\_\_ Shortage Certificate
- \_\_\_\_\_ Copy of signed delivery receipt
- \_\_\_\_\_ Other \_\_\_\_\_

## Indemnity Agreement

The Claimant agrees to protect the carrier and its connections against any loss resulting from non-surrender of original bill of lading, or original freight bill, or both.

The foregoing statement of facts is hereby certified to as correct.