

# Standard Form for Presentation of Loss and Damage Claims

Approved by the Interstate Commerce Commission; Freight Claim Division, American Railway Association; National Industrial Traffic League and the National Association of Railway Commissioners.

Name of person to who claim is presented
Name of carrier
Address
Carrier's Reference Number

Name of Claimant
Address of claimant
Claimant's Reference Number
Date

Shipper Name
Shipper/Pick-Up Address
City, State, Zip Code

Consignee Name
Consignee/Delivery Address
City, State, Zip Code

This claim for \$ \_\_\_\_\_ is made against the carrier named above by \_\_\_\_\_  
 (Amount of claim) (Name of Claimant)  
 for \_\_\_\_\_ in connection with the following described shipments:  
 (Loss or Damage)

Description of shipment \_\_\_\_\_

Origin _____	Stops: _____
Final Destination _____	Routed via _____
Bill of Lading issued by _____	Date of Bill of Lading _____
Paid Freight Bill (Pro) Number _____	Original Car Number and Initial _____

**DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED.**

(Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)


Total Amount Claimed

**IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS  
 ARE SUBMITTED IN SUPPORT OF THE CLAIM.**

1. Original bill of lading, if not previously surrendered to carrier.
2. Original paid freight (expense) bill.
3. Original invoice or certified copy.
4. Other particulars obtainable in proof of loss or damage claimed. \_\_\_\_\_

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 (Signature of Claimant) (Date)