

STANDARD PRESENTATION OF LOSS AND DAMAGE CLAIMS

A1 EXPRESS DELIVERY SERVICE, INC.

4520 MAYWOOD AVE., LOS ANGELES, CA. 90058

PHONE: 323 585 4440 FAX: 323 585 4442

DATE OF CLAIM: _____ PRO NUMBER: _____ CLAIM NUMBER: _____

CLAIMANT: _____ ADDRESS: _____

CITY: _____ ST. _____ ZIP _____ PHONE _____ CONTACT _____

SHIPPER (if different from above) _____ ADDRESS _____

CITY: _____ ST _____ ZIP _____ PHONE _____ CONTACT _____

CONSIGNEE: _____ ADDRESS _____

CITY _____ ST _____ ZIP _____ PHONE _____ CONTACT _____

THIS CLAIM FOR \$ _____ IS MADE AGAINST THE ABOVE NAMED CARRIER BY _____

FOR THE LOSS _____ DAMAGE _____ FOR THE FOLLOWING DESCRIBED SHIPMENT: _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED (Number and description of articles, nature and extent of loss or damage invoice price of articles and amount claimed.)

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

COPY OF BILL OF LADING * COPY OF ORIGINAL INVOICE * ORIGINAL PAID FREIGHT BILL * COPY OF ORIGINAL DELIVERY RECEIPT

Note: The absence of any document called for in connection with this claim must be explained, when impossible for claimant to produce original bill of lading or paid freight bill, a bond of indemnity must be given to protect carrier against duplicate claim supported by original documents.

The foregoing statement of facts is hereby certified as correct:

Claimants Name: _____ Signature: _____