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 Company Filing Claim)	(Address of Compa	any) (Company's F	Phone Number)
(Contact Name and Number)	(Date)	(Carrie	er Name)
·	, ,	·	,
The claim for \$(Amount of Claim)	is made against the carr	ier named above by	
for (Loss or Damage	in conr	nection with the following described	l shipments:
Coss of Daniage	o)		
Product Description:	(I.E., Corrug	ated Boxes. PVC Pipes. Hav. Bottled Wate	er)
Product Description: (I.E., Corru		Chinmont#	
BOL#: PLS PRO#:		Shipment#:	
Date Shipped: Shipper	Name & Location:		
Location of Duadwate	la	the area decet excellente for loon esti-	~0 VEC NO
Location of Product: Is the product available for Inspection? YES			11? YES NO
Were Pictures Taken? : YES NO	O Has	Carrier Been Contacted for Inspect	ion?:YES NO
Name and address of Receiver (Co	nsigne <u>e):</u>		
DETAIL ED CTATE	MENT CHOWING HOW A	MOUNT CLAIMED IS DETERMINED	
_			e. invoice price of
Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.			
(Please confirm total matches Invoice	d Amount)	Total Amount Claimed	
PLEASE INCL	UDE THE FOLLOWING V	VITH YOUR INITIAL REPORT	
IF SOME OF THE PAPE	RWORK IS NOT AVAILAE	BLE PLEASE DO NOT DELAY IN RE	PORTING
() 1. Bill of Lading w/notation of wet, damaged, ripped or similar		•	
() 2. Copy of Original Invoice (Must be actual cost, no mark ups)		() 5. Any Receipts showing Repair Cost	
() 3. Inspection Report		() 6. Color Photos (Email or Mail to PLS Claims Dept.)	
The foregoing statement of facts is h	ereby certified to as corr	ect:	
5 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,		
(Individual Completing Deport)		(Data Submitted to DLS)	
(Individual Completing Report)		(Date Submitted to PLS)	