



# DOT-LINE TRANSPORTATION

## STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS

Print or Type Only

Date: \_\_\_\_\_ Claim # \_\_\_\_\_

This claim for \$ \_\_\_\_\_ is made against \_\_\_\_\_ by \_\_\_\_\_

(claim amount)

(name of claimant)

\_\_\_\_\_ for \_\_\_\_\_ in connection with the following described shipment:

(loss or damage)

Shipper: \_\_\_\_\_ Consignee: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Paid freight bill (pro) number \_\_\_\_\_ Date: \_\_\_\_\_

### DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition to the information given above the following documents are submitted in support of this claim:

- 1. Bill of Lading
- 2. Paid freight bill
- 3. Invoice or account sale
- 4. Itemized repair invoice
- 5. Inspection report
- 6. Other particulars obtainable in proof of loss/damaged claims
- 7. Salvage must be made available
- 8. Packaging must be made available

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

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

Claimant Company: \_\_\_\_\_

Address: \_\_\_\_\_

Claimant # \_\_\_\_\_

Per \_\_\_\_\_

Title \_\_\_\_\_

\*Claimant will please mark (X) before such of the Documents mentioned and have been attached, and explained under "Remarks" the absence of any of the documents called for in connection with this claim. When for any reason it is impossible for claimant to produce original bill of lading or paid freight bill, claimant should contact the carrier or carriers and produce and duplicate to support the lack of the original documents.