Standard Form for Presentation of Loss and Damage Claims

Approved by the Interstate Commerce Commission, the National Industrial Traffic League, and the Freight Claim Division, Association of American Railroad

		(Claimant's Number)
(Name of person to whom claim is presented) (Addre	ess of claimant)	
(Name of Carrier) (Date)		(Carrier's Number)
(Address)		
This claim for \$ is made against the carrie		(Name of claimant)
for in connection with th (Loss or damage) Description of shipment		ment (s):
Name and address of consignor (shipper)		
Shipped from(City, town or station)		
Final Destination(City, town or station) Bill of Lading issued by		
Paid Freight Bill (Pro) Number	; Original Car Number and Initial	
Truck or Trailer Number	Connecting Line Reference	
Name and address of consignee (Whom shipped to)		
If shipment reconsigned enroute, state particulars:		
DETAILED STATEMENT SHOWING (Number and description of articles, nature and extent of lo		
	-	
IN ADDITION TO THE INFORMATION GIVEN ABOVE, SUPPORT OF () 1. Original bill of lading, if not previously surre () 2. Original paid freight ("expense") bill. () 3. Original invoice or certified copy. () 4. Other particulars obtainable in proof of loss	THIS CLAIM* ndered to carrier.	
Remarks		
The foregoing statement of facts is hereby certific	ed to as correct.	
		(Signature of claimant)
Claimant should assign to each claim a number, inserting same in the space should be made thereto in all correspondence pertaining to this claim. * Claim	•	
mentioned as have been attached, and explain under "Remarks" the absence	e of any of the documents called for	or in connection with this claim.

against duplicate claim supported by original documents.