

## BENJAMIN BEST FREIGHT

Standard Form for Presentation of Loss and Damage Claims (Claimant's Number) (Address of Claimant) (Name of person to whom the claim is presented) (Date) (Name of Carrier) (Carrier Address) is made against the carrier named above by\_ This claim for \$\_ (Amount of Claim) (Name of Claimant) in connection with the following described shipment(s): Description of shipment Name and Address of Consignor (shipper) Shipped from\_ (City, town or station) (City, town or station) Routed **Final Destination** via (City, town or station) Co.; Date of Bill of Lading Bill of Lading issued by Paid Freight Bill (Pro) Number Original Car Number or Initial Truck or Trailer Number Connecting Line Reference Name and address of consignee (Whom shipped to) If Shipment reconsigned enroute, stateparticulars: DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINDED (Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, ect) **Total Amount Claimed** IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THE CLAIM\* Original bill of lading, if not previously surrendered to carrier Original paid freight ("expense") bill Original invoice or certified copy ("saleprice") Other particulars obtained in proof of loss or damage

Signature of Claimant)

The foregoing statement of facts is hereby certified to as correct