

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

Transport Distribution Services, Inc
550 Village Center Drive
Suite 100
Saint Paul, MN 55127

Date: _____
 Claimants #: _____
 Carriers #: _____

This claim for \$ _____, is made against your company for damage, loss in connection with the following described shipment.

(Shippers Name)
(Point Shipped From)
(Name of Carrier Issuing Bill of Lading)
(Date of bill of lading)
(Routing of Shipment)

(Consignee Name)
(Final Destination)
(Name of delivering Carrier)
(Date of delivery)
(Delivering carriers freight bill number)

If shipment is reconsigned enroute, state particulars: _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED (Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc) ALL DISCOUNTS AND ALLOWANCES MUST BE SHOWN.
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	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
NMFC Item No. of commodity lost or damaged	Total amount claimed: \$

The following documents are submitted in support of this claim:
 Original bill of lading Original invoice or certified copy
 Original paid Freight Bill or other carrier document bearing notation of loss or damage if not shown on freight bill.
 Carriers inspection report form (Concealed loss or damage) Shippers concealed loss or damage form.
 Consignee concealed loss or damage form. Other particulars obtainable proof of loss or damage claimed.

(Note: The absence of any document called for in connection with this claim must be explained. When impossible for claimants to produce original Bill of Lading, a paid freight bill, a bond of indemnity must be given to protect against duplicate claim supported by original documents.)

INDEMNITY AGREEMENT

In the absence of Original Freight Bill and/or Original Bill of Lading, we agree to hold the above carrier to whom this claim is presented and any other participating carrier harmless and indemnified against any and all lawful claims which may be made against it or them arising out of the same shipment and will pay to said carrier and any participating carrier(s) all losses, damages, costs, counsel fees or any other expenses which they or any of them may suffer or pay by reason of payment of our claim, herein described, without surrender of the Original Freight Bill or Bill of Lading, as such was not provided and/or cannot be located.

	<i>The foregoing statements of facts is hereby certified as correct</i>	
5/11/2010		
(Date)	(Claimants Name and Title)	(Claimant's Signature)
	(Company Name and Address)	