

STANDARD FORM FOR PRESENTATION OF LOSS/DAMAGE CLAIM

(Be sure to read the included instructions before filing this claim)

To:

Claim Filed for:

Visual Damage (noted on delivery receipt)
Shortage (noted on delivery receipt)
Concealed Damage (discovered after delivery)
Concealed Loss (discovered after delivery)

Please refer to our DTST 100 **Rules Tariff** for any limitation of liability. Certain commodities in the NMFC may also carry reduced liability limits. All claims must be filed within 9 months unless further restrictions apply.

Claim Amount: \$ _____

Claimant's Reference Number: _____

Date Shipped: _____

PRO Number: _____

(Must be paid in full before claim will be processed.)

To ensure your claim will be processed, please include a copy of the Bill of Lading if the PRO Number is not available.

DETAILED STATEMENT FOR CLAIM DETERMINATION - Number of items, cases pallets, nature and extent of damage or loss, invoice price of items, discounts and/or allowances and. If this claim is for repair costs of damage, a detailed repair invoice showing cost and materials must be included.

NMFC Item No. of commodity lost or damaged:

TOTAL UNITS CLAIMED:

TOTAL AMOUNT: \$

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)
- Other concealed loss or damage form
- Other particulars obtainable in 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, or paid freight bill, a bond of indemnity must be given to protect carrier against duplicate claim supported by original documents.)

INDEMNITY AGREEMENT

In the absence of the Original Freight Bill and/or Original Bill of Lading, we agree to hold _____ 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 the 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 the surrender of the Original Freight Bill or Bill of Lading, as such was not provided and/or cannot be located.

The foregoing statement is hereby certified as correct.

Date: _____

Signature: _____

Claimants Name/Title: _____

Preparers E-Mail Address: _____

Company: _____

Address: _____

Phone No.: _____

Fax No.: _____