Standard Form for Presentation of Loss and Damage Claims

Name of Person Filing Claim:	Name of Carrier **California Freight Services**	DATE
Name of Company	Address **P.O. Box 356**	Phone Number
Address	City, State, Zip **Alhambra, CA 91802-0356**	Claim Number
City, State, Zip	**FAX (323) 263-4166**	Freight Bill Number

This claim for $_____is made against the Carrier named above by_____
For loss or damage in connection with the following described shipments of paid Freight Bill #_____

Name of Consignor (Shipper)	Final Destination-Name of Consignee (whom shipped to)
Address	Address
Shipped From: City, State, Zip	Carrier issuing Freight bill #
Shipped To: City, State, Zip	Date of Freight Bill
If shipment reconsigned enroute, state particulars	

DETAILED STATEMENT SHOWING HOW CLAIM AMOUNT IS DETERMINED.
(Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc)
SHOW ALL DISCOUNTS AND ALLOWANCES

TOTAL DOLLAR AMOUNT CLAIMED	

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM***

☐ 1. Original bill of lading, if not previously surrendered to carrier
☐ 2. Original paid freight (expense) bill.
☐ 3. Original invoice or certified copy.
☐ 4. Concealed loss or damage form from:
☐ Shipper ☐ Carrier ☐ Consignee
☐ 5. Other particulars obtainable in proof of loss or damage.

Explain the absence of any document called for in this claim. _____
_____

WHEN FOR ANY REASON, THE ORIGINAL PAID FREIGHT BILL OR BILL OF LADING IS NOT PROVIDED, CLAIMANT MUST INDEMNIFY CARRIER OR CARRIERS AGAINST DUPLICATE CLAIMS SUPPORTED BY ORIGINAL DOCUMENTS

INDEMNITY AGREEMENT

When the original bill of lading and/or freight bill is not submitted, or is not available for submission, but copies of The original are submitted in support of the claim described above, the claimant agrees to indemnify and hold Harmless the carrier receiving this claim, named above, and any participating carriers, and will pay to the carrier or Any participating carriers all losses, costs, damages, counsel fees or any other expenses it (the carrier) may incur Resulting from all lawful subsequent duplicate claims arising out of the same shipment which may be filed and Supported by original documents.

Foregoing statement of fact is hereby certified as correct.

_____
Name of Claimant

_____ _____
Date Street Address

_____ _____
(Signature of Claimant) City, State, Zip Code