



**STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM**

Date \_\_\_\_\_

Pro Number# \_\_\_\_\_

This claim for \$ \_\_\_\_\_ is made against Trail Lines, Inc. for \_\_\_\_\_ LOSS \_\_\_\_\_ Damage in connection with the following described shipment:

SHIPPER		CONSIGNEE	
Shipper		Consignee	
Address		Address	
City		City	
State	Zip	State	Zip
Phone	Fax	Phone	Fax
Shipper Ref #		PO #/PKGS/WGT:	

**DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED (number and description of articles, nature & extent of loss or damage, MANUFACTURER'S COST of articles, amount of claim, etc.- ALL DISCOUNT AND ALLOWANCES MUST BE SHOWN**

Quantity	DESCRIPTION	UNIT COST	AMOUNT CLAIMED
<b>TOTAL CLAIM AMOUNT</b>		\$	

Comments:

The following documents are REQUIRED in support of this claim:

- ORIGINAL BILL OF LADING
- ORIGINAL INVOICE
- INVOICE AT MANUFACTURERS COST\*\*
- INSPECTION REPORT (if applicable)
- PROOF OF DELIVERY\*\*
- DETAILED REPAIR INVOICE\*\*

(NOTE: All damage claims MUST be accompanied by PHOTOS of ITEMS and PACKAGING to support the claim. 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 Trail Lines, Inc. against duplicate claims supported by original documents.)

NOTE: Trail Lines, Inc. reserves the right to inspect and repair any piece before replacing it.

**THE FOREGOING STATEMENTS OF FACTS ARE HEREBY CERTIFIED AS CORRECT**

\_\_\_\_\_  
 COMPANY NAME

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 PHONE

\_\_\_\_\_  
 CLAIMANTS NAME

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 FAX