STANDARD LOSS OR DAMAGE CLAIM FORM

To: _____ _____
(Name of Carrier) (Date)

_____ _____
(Street Address) (Your companies claim number-if applicable)

_____ _____
(City & State) (Spokane Transfer Pro Number)

This claim for $ _____ is made against your company for: ☐ Damage ☐ Loss in connection with the following shipment:

(Shipper Name)	**(Consignee Name)**
(Shipper Address)	**(Consignee Address)**
(Name of Carrier Issuing Bill of Lading)	**(Name of Delivering Carrier)**
(Date of Bill of Lading)	**(Date of Delivery)**
	(Delivering Carrier's Freight Bill Number)

- If the shipment reconsigned en route, state particulars:

_____
_____

- If the shipment moved from warehouse or distribution point, indicate name of initial shipper and point of origin, and if known, name of prior carrier or carriers and prior billing reference.

_____
_____

- Was this concealed damage? YES ☐ NO ☐

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 DISCOUNT AND ALLOWANCES MUST BE SHOWN

Total Amount Claimed	$ 0

The following documents are submitted in support of this claim:
☐ Copy of the Original Bill of Lading
☐ Original Invoice or certifiable copy
☐ Copy of the Original paid freight bill.
☐ Carrier's Inspection Report Form (Concealed loss or damage) if required

Remarks:

_____
_____

(Note: The absence of any document called for in connection with this claim must be explained. When impossible for claimant 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.)
The foregoing statement of fact is hereby certified as correct.

****PLEASE BE SURE YOU HAVE INCLUDED A COPY OF YOUR INVOICE FROM YOUR SHIPPER TO SUBSTANTIATE THE VALUE OF MERCHANDISE CLAIMED****

_____
(Your name)

_____
(Your companies name)

_____
(Your companies address)

_____

_____
(Your area code and phone number & email address)