

Date \_\_\_\_\_  
Terminal \_\_\_\_\_

Claim No: \_\_\_\_\_

1. F/B No. \_\_\_\_\_ Date \_\_\_\_\_ Connecting Line Ref \_\_\_\_\_  
Consignee \_\_\_\_\_ Destination \_\_\_\_\_  
Shipper \_\_\_\_\_ Origin \_\_\_\_\_

Billing Terminal	Were goods unpacked before this inspection was made? Date _____	Date consignee notified or requested inspection	Does condition of container indicate apparent good order? Explain.
Arrival Date			
Delivery Date	Disposition of salvage	Can Broken Items be repaired?	If billed at released valuation show weight of broken items.
Crate Solid <input type="checkbox"/>	Slat Type <input type="checkbox"/>	Box Wood <input type="checkbox"/>	Paper <input type="checkbox"/>
Box Makers Gross Weight Limit		Gross Weight of Loaded Ctn.	How Were Goods Packed?
Had package ever been opened & resealed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If opened & resealed with what type tape? _____	(Attach Sample)	Was this an original factory package? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Original point of mfg. _____

INSPECTION ONLY - THIS IS NOT A CLAIM

Describe and Enumerate Breakage or Damage found in inspection, including model, serial, catalogue, stock numbers.

Inspector \_\_\_\_\_ Consignee \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_  
This inspection is merely a statement of facts and not a claim or admission of liability by the carrier.

3. This claim for \$ \_\_\_\_\_ is made against the carrier for ( ) Loss ( ) Damage in connection with the above described shipment.

**COPY OF INVOICE & HOW CLAIM DETERMINED**

Sold By: \_\_\_\_\_ Address \_\_\_\_\_

Sold to: \_\_\_\_\_ Address \_\_\_\_\_

Invoice No. \_\_\_\_\_ Invoice Date \_\_\_\_\_ Amount of Invoice \_\_\_\_\_ Discounts \_\_\_\_\_

CLAIM PRESENTATION

	Units	Description of Articles	Price Per Unit	Discounts	Net
INVOICE					
CLAIM					

Claim Amount \$ \_\_\_\_\_

Claimant's Mailing Address: \_\_\_\_\_  
The foregoing statement of facts is hereby certified to be correct, and all discounts and allowances have been shown.  
Street or P.O. \_\_\_\_\_ Firm Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_

4. Indemnity Agreement: This is to indemnify the above carrier or its connections against any loss that may arise from payment of this claim which is filed with-out the  Original Bill of Lading  Paid Freight Bill.  
Witness: \_\_\_\_\_ Firm Name \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_

5. Documents Supporting Claim ( ) 1. ORIGINAL BILL OF LADING ( ) 2. ORIGINAL PAID FREIGHT BILL ( ) 3. VENDOR'S INVOICE OR CERTIFIED COPY ( ) 4. OTHER