

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

**BROTHERS EXPRESS, INC.**  
 3227 WEST COLISEUM BLVD.  
 FORT WAYNE, IN 46808

Date:

Claimants Claim Number:

This claim for \$  is made against your company for  Loss  Damage) in connection with the following described shipment:

<input type="text"/> (Shipper's Name)	<input type="text"/> (Consignee's Name)
<input type="text"/> (Point Shipped From - City/State)	<input type="text"/> (Final Destination - City/State)
<input type="text"/> (Date of Bill of Lading)	<input type="text"/> (Date of Delivery)
<input type="text"/> (Miscellaneous Information)	<input type="text"/> (Delivering Carrier's Freight Bill No.)

Detailed Statement Showing How Amount Claim is Determined (Number and description of articles, nature and extent of loss or damage, Invoice price of articles, amount of claim, etc.) ALL DISCOUNTS and ALLOWANCES MUST BE SHOWN	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<b>Total Amount Claimed:</b>	<input type="text"/>

The following documents are submitted in support of this claim

- Original Bill of Lading
- Original Invoice of Certified Copy
- Carrier's Inspection Report
- Other particulars obtainable in proof of loss or damage claimed
- Original paid freight bill of document bearing notation of loss or damage

NOTES:

**INDEMNITY AGREEMENT**

In the absence of the Original Freight Bill and/or Original Bill of Lading, we agree to hold the above named carrier 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.

**Claimants Information:**

<input style="width: 95%;" type="text"/> (Company Name)	<input style="width: 95%;" type="text"/> (Company Street Address)
<input style="width: 95%;" type="text"/> (fax and phone number)	<input style="width: 95%;" type="text"/> (Company City/State)

The foregoing statements of facts are hereby certified as correct.

Date:  Claimant's Signature: \_\_\_\_\_