

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

Todd Transit, Inc.
 PO Box 5344
 Rockford, Illinois 61125

 (Date)

 (Claimant's Number)

 (Carrier's Number)

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

_____ (Shipper's Name)	_____ (Consignee's Name)
_____ (Point Shipped From)	_____ (Final Destination)
_____ (Name of Carrier of Lading)	_____ (Name of Delivering Carrier)
_____ (Date of Bill of Lading)	_____ (Date of Delivery)
_____ (Routing of Shipment)	_____ (Delivering Carrier's Freight Bill No.)

If shipment reconsigned en route, state particulars: _____

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.)

NMFC Item No. of commodity lost or damaged _____	Total Amount Claimed _____

The following documents are submitted in support of this claim:

Original Bill of Lading
 Original Invoice or certified copy
 Shippers concealed loss or damage form
 Original paid freight bill or other carrier document bearing notation of loss or damage if not shown on freight bill.
 Carriers Inspection Report Form (Concealed loss or damage).
 Consignee concealed loss or damage form.
 Other particulars obtainable in proof of loss or damage claimed: _____

(Note: The absence of any document 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 carrier against duplicate claim supported by original documents.)

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 participation 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.

The foregoing statements of facts are hereby certified as correct:

_____ (Signature)	_____ (Company Name)
_____ (Claimant's Name)	_____ (Address)
_____ (Date)	_____ (City, State, Zip)
	_____ (Phone & Fax)