

## CLAIM FORM

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS

**ATTN: CLAIMS DEPARTMENT**

**DATE:** \_\_\_\_\_ **YOUR REF#:** \_\_\_\_\_ **TITANIUM LOAD#:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_  
(company name of claimant)

This claim for \$\_\_\_\_\_ is made against the carrier named above  
(amount of claim)

**by** \_\_\_\_\_ **for** \_\_\_\_\_  
(name) (loss/damage)

in connection with the following described shipment:

Description of shipment \_\_\_\_\_

Name and Address of consignor (shipper) \_\_\_\_\_

Shipped from \_\_\_\_\_, To \_\_\_\_\_  
(city,town or station) (city,town or station)

Date of Bill of Lading \_\_\_\_\_ BL#/Probill number \_\_\_\_\_

Name and Address of Consignee (to whom shipped) \_\_\_\_\_

**DETAILED STATEMENT SHOWING HOW THE AMOUNT CLAIMED HAS BEEN DETERMINED**

Number and description or articles, nature and extent of loss or damage, invoice price or articles, amount of claim, etc.	Cost \$\$\$\$
<b>Total amount claimed:</b>	

PLEASE PROVIDE THE FOLLOWING DOCUMENTS IN SUPPORT OF THIS CLAIM

(\_\_\_\_)Bill of Lading (\_\_\_\_)Paid freight Bill (\_\_\_\_)Proof of delivery (\_\_\_\_)Copy of repair Bill  
 (\_\_\_\_)Copy of original Cost Invoice verifying claimed amount (\_\_\_\_) Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Note: Our liability is limited to \$2.00/lb unless otherwise stated on the Bill of Lading*

**Important! Do not repair or dispose of damaged cargo until your claim has been settled. Failure to comply will result in denial of your claim as a claims adjuster will need to inspect the damages.**