

Standard Form for Presentation of Loss and Damage Claim

To: **Express 2000**
164 NW Industrial Ct.
Bridgeton, MO 63044

Date: _____

This claim for \$_____ is made against your company for:

- Shortage
 Visible Damage
 Concealed Damage
 Theft
 Other

Shipper: _____ Consignee: _____

Date of Bill of Lading: _____ Date of Delivery: _____

Pro or Waybill Number: _____ Claimant Number: _____

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:	

The following documents are submitted in support of this claim (if applicable):

- | | |
|---|--|
| <input type="checkbox"/> Original Bill of Lading

<input type="checkbox"/> Original paid freight bill or other document bearing notation of loss/damage

<input type="checkbox"/> Carrier's Inspection Report form

<input type="checkbox"/> Consignee concealed loss/damage form | <input type="checkbox"/> Original invoice or certified copy

<input type="checkbox"/> Shippers concealed loss/damage carrier form

<input type="checkbox"/> Other particulars obtainable in proof of loss/damage claimed |
|---|--|

Claimant's Name: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone number: _____

Signature: _____

Please mail your form to the address at the top left of this form. Any questions, please contact Rob Zelle in our Claim's Department on 888-202-5886 or by email: raz@express-2000.com