



STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE

TO: EXPRESSWAY TRANSPORTATION
PO BOX 1003 BREA, CA 92822-1003
PH# 714-990-3400 FX# 714-990-3340

Date: \_\_\_/\_\_\_/\_\_\_
Claimant's No. : \_\_\_
Carrier No. \_\_\_

This claim for \$ \_\_\_ is made against \_\_\_ for \_\_\_ Loss or \_\_\_ Damage in connection with the following described shipment (Please check one).



Shippers name

Consignee name

Origin City

Destination City

\_\_\_/\_\_\_/\_\_\_
Ship date

Delivering Carrier

\_\_\_/\_\_\_/\_\_\_
Delivery date



DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED.
(Number and description of articles, nature, extent of loss or damage, invoice price of articles, amount of claim.)

Three horizontal lines for detailed statement content.

TOTAL AMOUNT CLAIMED \$ \_\_\_\_\_

The following documents are submitted in support of this claim:

- Original Bill of Lading
Original paid freight bill
Carrier's Inspection Report Form ( Concealed loss of damage )
Delivery receipt
Original invoice showing replacement cost of items lost/damaged

The foregoing statement of facts is hereby certified as correct.

Company Name
Address
City Zip Code
Phone No. ( \_\_\_ ) \_\_\_\_\_