



Commitment to Excellence

Loss and Damage Claim Form

From: \_\_\_\_\_  
(Claimant's Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Claimant's Claim Number)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Carrier's Freight Bill Number)

This claim for \$ \_\_\_\_\_ is made against your company for  Damage  Loss

Was the Damage Concealed  Yes  No

\_\_\_\_\_  
(Shipper's Name)

\_\_\_\_\_  
(Consignee's Name)

\_\_\_\_\_  
(Shipper's Address)

\_\_\_\_\_  
(Consignee's Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(City, State, Zip)

Detailed Statement Showing how Claim Amount Was Determined  
Number and description of articles, nature and extent of loss or damage, original price of articles, amount of claim etc.  
(ALL DISCOUNT AND ALLOWANCES MUST BE SHOWN)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Repair or discounted amount \$ \_\_\_\_\_

Total amount claimed \$ \_\_\_\_\_

The following documents are submitted in support of this claim

- Original Bill of Lading  Original invoice or certified copy  Shipper concealed loss
- Original paid freight bill or other carrier documents bearing notation of loss or damage if not shown on freight bill
- Carrier's inspection report form (concealed loss or damage)  Consignee concealed loss or damage form
- Other particulars obtainable in proof of loss or damage claim attached to this form

Note: The absence of any document called 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 the 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 was not provided and/or cannot be located.

The forgoing statement of facts is hereby certified as correct.

TO: Precision Heavy Haul, Inc.  
\_\_\_\_\_  
PO Box 797  
\_\_\_\_\_  
Phoenix, AZ 850353  
\_\_\_\_\_

FROM: \_\_\_\_\_  
Claimant's Name  
\_\_\_\_\_  
Claimant's signature and title  
\_\_\_\_\_  
Company address