ALL-CONNECT LOGISTICAL SERVICES INC.

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS

_____ _____
(Name of Person to whom claim is presented) (Address of Claimant) Claimant's Number

_____ _____ _____
(Name of carrier) (Address of Carrier) Carrier's Number

_____
(Date)

This claim for $ …… is made against the carrier named above by …….
(Amount of Claim) (Name of Claimant)
for …… in connection with the following described shipments:
(Loss or damage)
Description of shipment …….

Name & address of consignor (shipper) ……

Shipped from ……. To …….
(City, town or station) (City, town or station)

Final Destination …….. Routed via …….

Bill of Lading issued by …….. Date of Bill of Lading ……..

Paid Freight Bill (Pro) Number ……..

Name & Address of Consignee (Whom shipped to) …….

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.)

Total Amount Claimed	

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM*

1. Original bill of lading, if not previously surrendered to carrier.
2. Original paid freight ("expense") bill.
3. Original invoice or photostatic copy.
4. Other particulars obtained in proof of loss or damage claimed.

…….

…….

Remarks:……

……..

The foregoing statement of facts is hereby certified to as correct: …….
(Signature of claimant)

Claimant should assign to each claim a number, inserting same in the space provided at the upper right hand corner of this form. Reference should be made thereto in all correspondence pertaining to this claim.
Claimant will please place check (x) before such of the documents mentioned as have been attached and explain under "Remarks" the absence of any of the documents called for in connection with this claim.