P: 855-887-9352 | F: 866-792-9512 | claims@sfdistributors.com | PO Box 3355 Knoxville, TN 37927

Presentation of Loss and Damage Claims

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

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

This claim for $_____ is made against the carrier name above by _____
(Amount of claim) (Name of Claimant)
for _____ in connection with the following described shipments:
(Loss or Damage)

Description of shipment _____

Name and address of consignor (shipper) _____

Origin_____ Stops:_____

Destination _____ Routed via _____

Bill of Lading issued by _____ Date of Bill of Lading _____

Paid Freight Bill (Pro) Number _____ Original Car Number and Initial _____

Name and 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 THE CLAIM.

( ) 1. Original bill of lading, if not previously surrendered to carrier.
( ) 2. Original paid freight (expense) bill.
( ) 3. Original invoice or certified copy.
4. Other particulars obtainable in proof of loss or damage claimed. (Pictures must be emailed to claims@sfdistributors.com)

_____
_____
_____

Remarks: _____
_____
_____
_____

The foregoing statement of facts is hereby certified to as correct:

_____ _____
(Signature of Claimant) (Date)