



Standard Form for Presentation of Freight Loss and Damage Claims

Claimant

Remittance Street Address

Remittance Street Address

City, State, Zip

Date

Claimant's Claim Number

Telephone / Email Contact

Product / Cargo

Claim for \$ _____

USD

MNP

(Circle One)

Is Made for **LOSS** **DAMAGE** From shipment:

(Circle One)

Railcar Number

Rail Carrier Waybill Number

Shipper

Rail Origin Point

Shipping Date

Shipment Routing

Consignee

Rail Destination Point

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

(Number and description of articles and nature and extent of loss or damage and invoice prices)



DOCUMENTS SUBMITTED IN SUPPORT OF THIS CLAIM (check if attached)

Original Invoice	<input type="checkbox"/>	Rail Bill of Lading	<input type="checkbox"/>
Pedimento	<input type="checkbox"/>	Proof of payment of freight charges	<input type="checkbox"/>
Confronta / Inspection	<input type="checkbox"/>	Salvage evidence	<input type="checkbox"/>