



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