Standard Form for Presentation of Loss and Damage Claim

To: ***EXPEDITED FREIGHT SYSTEMS, INC.***
Attn: Claims Dept.
4801 68th Avenue · Kenosha, WI 53144
Fax: (262) 656-9650
Email: efsdispatch@expedited.org

Date: _____

Claimant's Claim # _____

This claim is made against above named carrier for ☐ *Loss* ☐ *Damage* in connection with the following described shipment:

_____
(Shippers Name)

_____
(Point Shipped From – City/State)

_____
(Date of Bill of Lading)

_____
(Consignee's Name)

_____
(Final Destination – City/State)

_____
(Date of Delivery)

_____
(Delivering Carrier's Freight Bill No.)

Detailed Statement Showing How Claim Amount is Determined

(Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.
ALL DISCOUNT and ALLOWANCES MUST BE SHOWN)

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Total Claim Amount _____

The following documents are submitted in support of this claim:

☐ *Original Bill of Lading*
☐ *Carrier's Inspection Report*
☐ *Original paid freight bill or document bearing notation of loss or damage*
☐ *Original invoice or certified copy*
☐ *Other particulars obtainable in proof of loss or damage claimed*

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 this 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 such was not provided and/or cannot be located.

The foregoing statements of facts are hereby certified as correct.

_____
Claimant/Company Name

_____
Mailing Address

_____
City, State Zip

_____
(Contact Name)

_____ _____
(Phone) (Fax)

_____
(Claimant e-mail address)

SUBMIT