Standard Form for Presentation of Loss and Damage Claims

Approved by the Interstate Commerce Commission; Freight Claim Division, American Railway Association; National Industrial Traffic League, and the Naticnal Association of Railway Commissioners.

Claims Manager
(Name of person to whom claim is presented)

(Address of claimant)

(Claimant's Number)

SUTTON TRANSPORT
(Name of carrier)

(Date)

PO Box 378, Weston, WI 54476
(Address)

(Carrier's Number)

This claim for $ ..... (Amount of claim) is made against the carrier named above by ..... (Name of claimant)

for ..... (Loss or damage) in connection with the following described shipments:

Description of shipment .....

Name and address of consignor (shipper) .....

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

Final Destination ..... (City, town or station); Routed via .....

Bill of Lading issued by ..... Co.; 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 THIS 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.

.....

.....

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.

* Claimants 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. When for any reason it is impossible for claimant to produce original bill of lading, or paid freight bill, claimant should indemnify carrier or carriers against duplicate claim, supported by original documents.

© Copyright 1978 & Published By
J.J. KELLER & ASSOCIATES, INC.
145 W. Wisconsin Ave. - Neenah, Wisconsin 54956