Braun's Express, Inc.

10 Tandem Way, Hopedale, MA 01747
Phone: 508-473-8405 * Fax: 508-473-8284

Standard Form for Presentation of Loss and Damage Claims

Name of person to whom claim is presented	Name of Carrier	DATE
Name and address of Claimant	Address	CLAIMANT'S NUMBER
		CARRIER'S NUMBER
City, State, Zip	City, State, Zip	

This claim for $_____ is made against the carrier named above by _____

for ☐ loss ☐ damage in connection with the following described shipments of paid Freight Bill (Pro) Number _____

Name and address of Consignor (Shipper)		Final Destination - Name and address of Consignee (whom shipped to)	
Shipped FROM	City, Town, State	Carrier issuing B/L	
TO	City, Town, State	Date of B/L	Date of Delivery
If shipment reconsigned enroute, 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.)
SHOW ALL DISCOUNTS AND ALLOWANCES

TOTAL DOLLAR 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. Concealed loss or damage form from:
( ) Shipper ( ) Carrier ( ) Consignee
( ) 5. Other particulars obtainable in proof of loss or damage claimed.

_____

Explain the absence of any document called for in this claim. _____

WHEN FOR ANY REASON, THE ORIGINAL PAID FREIGHT BILL OR BILL OF LADING IS NOT PROVIDED, CLAIMANT MUST INDEMNIFY CARRIER OR CARRIERS AGAINST DUPLICATE CLAIMS SUPPORTED BY ORIGINAL DOCUMENTS.

INDEMNITY AGREEMENT

When the original bill of lading and/or freight bill is not submitted, or is not available for submission, but copies of the original are submitted in support of the claim described above, the claimant agrees to indemnify and hold harmless the carrier receiving this claim, named above, and any participating carriers, and will pay to the carrier or any participating carrier all losses, costs, damages, counsel fees or any other expenses it (the carrier) may incur resulting from all lawful subsequent duplicate claims arising out of the same shipment which may be filed and supported by the original documents.

Foregoing statement of fact is hereby certified as correct.

_____
Name of Claimant

_____
Date

_____
Street Address

_____
(Signature of Claimant)

_____
City, State, Zip Code