Braun's Express, Inc.

10 Tandem Way, Hopedale, MA 01747 Phone: 508-473-8405 | Fax: 508-809-4408

Email: freightclaims@braunsexpress.com

Standard Form for Presentation of Loss and Damage Claims

Name of Claimant	Name of Carrier Braun's Express, Inc.	DATE
Address	Address 10 Tandem Way	CLAIMANT'S NUMBER
		CARRIER'S NUMBER
	City, State, Zip Hopedale, MA 01747	

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 of Shipper	Name of Consignee			
A11				
Address	Address			
City, State, Zip	City, State, Zip			
If shipment reconsigned enroute, state particulars	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.	() 4. Concealed loss or damage form from:	
() 2. Original paid freight (expense) bill.		() Shipper () Carrier () Consignee	
() 3. Original invoice or certified copy.	() 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