

SUPPORT DOCUMENT FOR CONCEALED LOSS AND DAMAGE CLAIMS

Shipper's Claim Number: _____ Carrier's Claim Number: _____

DESCRIPTION OF SHIPMENT

Point of Origin: _____ Destination: _____

Date: _____ Number of packages: _____

Shipper: _____ Consignee: _____

Commodity: _____

1. When (date and hour) was the shipment received at your place of business? _____
2. Name of person receiving the freight? _____
3. What protection was given shipment while in possession of receiver? _____

4. On what date was loss or damage discovered? _____
5. On what date was the carrier notified of loss or damage? _____
6. Describe container: _____
7. How was package protected against abstraction of or damage to contents? (Strapped, sealed or otherwise) _____
8. Was container examined before opening? _____ Or after opening? _____
9. If condition of container at time of each examination indicated cause of loss or damage, explain fully: _____

10. If condition of container or interior packing indicated loss or damage, explain fully: _____

11. If property received did not fill container to capacity, what material occupied the remaining space? _____
12. State whether or not shipment was insured against loss or damage while in transit over any portion of the route(Note 1): _____

13. If insured, state whether any provision of the insurance policy covers carrier's liability (Note 1): _____
14. What condition of container or contents indicated that loss or damage occurred while in possession of carrier(s): _____

Note 1: Applicable to import or coastwise shipments only.

I hereby certify the foregoing statement of facts to be true in every particular.

Dated at: _____ Signature: _____

Date: _____ Title: _____