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**STANDARD FORM PRESENTATION OF LOSS AND
 DAMAGE CLAIM**

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CARRIER (TO)		
NAME		DATE
ADDRESS		CLAIMANT'S NUMBER
CITY	STATE	CARRIER'S NUMBER
This claim for \$ _____ is made against your company for ___ Damage ___ Loss, in connection with the following described shipment.		

SHIPPER	CONSIGNEE
NAME	NAME
POINT SHIPPED FROM	FINAL DESTINATION
NAME OF CARRIER ISSUING B.O.L	NAME OF DELIVERING CARRIER
DATE OF B.O.L	DATE OF DELIVERY
ROUTING OF SHIPMENT	DELIVERING CARRIER'S BILL NO.

If shipment reconsigned en route state particulars:

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED (Number and descrption of artcles nahure and extent of loss or damage, invoice price of articles. amount of daum etc.) ALL DISCOUNT and ALLOWANCES MUST BE SHOWN	

MFC Items No. of commodity lost or damaged: _____ Total Amount Claim _____

The following documents are submitted in support of this claim

<input type="checkbox"/> ORIGINAL BILL OF LADING	<input type="checkbox"/> ORIGINAL PAID FREIGHT BILL OR OTHER CARRIER DOCUMENT BEARING NOTATION OF LOSS OR DAMAGE IF NOT SHOWN ON FREIGHT BILL
<input type="checkbox"/> ORIGINAL INVOICE OR CERTIFICATE COPY	<input type="checkbox"/> OTHER PARTICULARS OBTAINABLE IN PROOF OF LOSS OR DAMAGE CLAIM
<input type="checkbox"/> CARRIER'S INSPECTION REPORT FORM (CONCEALED LOSS OR DAMAGE)	
<input type="checkbox"/> SHIPPER CONCEALED LOSS OR DAMAGE FORM	
<input type="checkbox"/> CONSIGNEE LOSS OR DAMAGE FORM	

Note: The absence of any document called for in connection with this claim must be explained. When impossible for claimants to produce original B.O.L or paid freight bill, a bond of indemnity must be given to protect carrier against duplicate claim supported by original documents.

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.

Salvage must be kept until claim is settled or claim will be denied.

 DATE

 SIGNATURE

 CLAIMANT'S NAME

 COMPANY TITLE

 ADDRESS