

Standard Form for Presentation of Loss and Damage Claims

Network F.O.B., Inc.
 % Flemming Cargo Claims Service, Inc.
 8700 N. Stemmons Freeway Suite 414
 Dallas, TX. 75247

Your Company Name
Your Address
City, ST Zip

This claim for \$ _____ is made against the carrier name above by _____
(Amount of claim) (Name of Claimant)

for Loss or Damage (circle one) in connection with the following described shipments:

Description of shipment _____
 Name and address of consignor (shipper) _____
 Origin _____ Destination _____
 Bill of Lading Number _____ Network FOB Invoice Number _____

Name and address of Consignee (whom shipped to) _____
 If shipment re-consigned 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.)

IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THE

- () 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 faces is hereby certified to as correct:

_____ (Signature of Claimant) _____ (Date)