

## Standard Form for Presentation of Loss and Damage Claim

To: **Express 2000**  
**164 NW Industrial Ct.**  
**Bridgeton, MO 63044**

Date: \_\_\_\_\_

This claim for \$\_\_\_\_\_ is made against your company for:

- Shortage   
  Visible Damage   
  Concealed Damage   
  Theft   
  Other

Shipper: \_\_\_\_\_ Consignee: \_\_\_\_\_

Date of Bill of Lading: \_\_\_\_\_ Date of Delivery: \_\_\_\_\_

Pro or Waybill Number: \_\_\_\_\_ Claimant Number: \_\_\_\_\_

### 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. ALL DISCOUNT and ALLOWANCES MUST BE SHOWN)

Total Amount Claimed:	

The following documents are submitted in support of this claim (if applicable):

- |   |  |
|---|--|
| <input type="checkbox"/> Original Bill of Lading<br><br><input type="checkbox"/> Original paid freight bill or other document bearing notation of loss/damage<br><br><input type="checkbox"/> Carrier's Inspection Report form<br><br><input type="checkbox"/> Consignee concealed loss/damage form | <input type="checkbox"/> Original invoice or certified copy<br><br><input type="checkbox"/> Shippers concealed loss/damage carrier form<br><br><input type="checkbox"/> Other particulars obtainable in proof of loss/damage claimed |
|---|--|

Claimant's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please mail** your form to the address at the top left of this form. Any questions, please contact Rob Zelle in our Claim's Department on 888-202-5886 or by email: [raz@express-2000.com](mailto:raz@express-2000.com)