Sitton MOTOR LINES, INC. JOPLIN, MO.

Standard Form for Presentation of Loss and Damage Claim

Name of firm by whom claim is presented / *Address of Claimant*	*Claimant's Number*
Name of Carrier / *Date*	*Carrier's Number*
Address	

This claim of $ _____ (*Amount of Claim*) is made against the carrier named above by _____ (*Name of Claimant*)

for _____ (*Loss or Damage*) in connection with the following described shipments:

Description of shipment _____

Name and address of consignor (shipper) _____

Shipped from _____ (*City, Town, or Station*) To _____ (*City, Town, or Station*)

Final Destination _____ (*City, Town, or Station*) Routed via _____

Bill of Lading issued by _____ Co.; Date of Bill of Lading _____

Paid Freight Bill (Pro) Number _____ Express Bill Serial No. _____

Name and address of consignee (Whom shipped to) _____

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.)

Total Amount Claimed ➲	

The Following Documents Are Submitted in Support of Claim

- ❑ 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. (Describe below)

Remarks _____

The foregoing statement of facts is hereby certified to as correct.

_____ (*Signature of Claimant*)

Write any further remarks on the back of this form.