



Standard Form for Presentation of Loss and Damage Claims

(Claimant's #): _____ Date: _____

Prime America Logistics, Inc.
PO Box 1669
Walnut, CA 91788

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

for \$ _____ in connection with the following described shipment:
(Loss or Damage)

Description of Shipment: _____

Name and Address of Consignor (shipper): _____

Shipped From: _____ To: _____
(City\Town, State) (City\Town, State)

Paid Freight Bill (Pro) 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.)

_____ TOTAL AMOUNT CLAIMED: \$ _____

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

- () Original bill of lading (If not previously surrendered to carrier).
- () Original paid freight (expense) bill.
- () Original invoice or certified copy.
- () Other particulars obtainable in proof of loss or damage claimed.

The forgoing statement of facts is hereby certified to be correct: _____
(Signature of Claimant)