## **Standard Form for Presentation of Loss and Damage Claim**

16: Express 2000, Inc. 164 NW Industrial Ct Bridgeton, MO 63044	Date:				
This claim for \$ is m	claim for \$ is made against your company for:				
☐ Shortage ☐ Visible Damage	mage   Concealed Damage   Theft   Other				
Shipper:	ipper: Consignee:				
Bill of Lading DATE: Delivery DATE:					
Pro or Waybill Number:	Claimant Number:				
Detailed Statement Show	ing How Amou	ınt Claimed is	Determined		
(Number and description of articles, nature an claim, etc. ALL DISCOUN	d extent of loss	or damage, ii	nvoice price c		nt of
					_
			Tatal A	Clains als	
			Total A	mount Claimed:	
The following documents are submitted  ☐ Original Bill of Lading ☐ Original Baid freight bill or other		Original i	nvoice or c	ertified copy	
<ul> <li>Original paid freight bill or othe document bearing notation of loss/damage</li> </ul>	er 🗆	form	concealed	l loss/damage	
☐ Carrier's Inspection Report for	m	•	other particulars obtainable in proof floss/damage claimed		
Consignee Concealed loss/dar form	mage				
Claimant's Name:	Company N	Company Name:			
Address: City/State/Zip:					
Phone:	Signature:				

<u>Please mail</u> this form and all supporting documents to:

Express 2000, Inc., 164 Northwest Ind. Ct., Bridgeton, MO 63044.

Questions may be directed to Chuck Quigle at 888-202-5886 or <a href="mailto:ceq@express-2000.com">ceq@express-2000.com</a>