STANDARD FORWARDING FREIGHT

LOSS AND DAMAGE CLAIM FORM

Email Address: cargo.claims@shipstdf.com

Claimant Company	Address 1
Claimant Contact	**City, State, Zip Code**
Name:	
Phone:	Email:

Date
Claimant Ref. Number
Company Ref. Number

Claim Type

☐ Shortage

☐ Damage

Carrier Freight Bill (Pro) Number	
Carrier Freight Bill Pickup Date	
Claim Amount	

Shipper Information	**Consignee Information**
Shipper Name	Consignee Name
Shipper Street Address	Consignee Street Address
Shipper City, State, Zip Code	Consignee, City, State, Zip Code

If shipment was reconsigned in route, please describe details:

DETERMINATION OF CLAIM – DETAILED STATEMENT

(Include number and description of articles, nature and extent of shortage or damage, invoice price of articles, amount of claim, etc.)

SHOW ALL DISCOUNTS AND ALLOWANCES

PLEASE INCLUDE ALL SUPPORTING DOCUMENTATION FOR THIS CLAIM (check all that apply):

☐ Original Bill of Lading
☐ Original paid freight bill
☐ Original invoice or certified copy

☐ Concealed loss or damage from:
☐ Shipper ☐ Carrier ☐ Consignee
☐ Other (please describe)

If no documentation is provided, please explain:

WHEN FOR ANY REASON, THE ORIGINAL PAID FREIGHT BILL OR BILL OF LADING IS NOT PROVIDED, CLAIMANT MUST INDEMNIFY CARRIER OR CARRIERS AGAINST DUPLICATE CLAIMS SUPPORTED BY ORIGINAL DOCUMENTS.

INDEMNITY AGREEMENT

When the original bill of lading and/or freight bill is not submitted, or is not available for submission, but copies of the original are submitted in support of the claim described above, the claimant agrees to indemnify and hold harmless the carrier receiving this claim, named above, and any participating carriers, and will pay to the carrier or any participating carrier all losses, costs, damages, counsel fees or any other expenses it (the carrier) may incur resulting from all lawful subsequent duplicate claims arising out of the same shipment which may be filed and supported by the original documents.