

# FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

TO: Salmon River Stages, Inc.  
PO Box 2166  
Pocatello, ID 83206-2166  
Phone: 208-478-5410  
Fax: 208-478-5404

Date of Claim \_\_\_\_\_  
Originating Carrier \_\_\_\_\_  
Originating Pro# \_\_\_\_\_  
Prior Damage \_\_\_\_\_  
Claim to Origin Carrier \_\_\_\_\_

This claim for \$\_\_\_\_\_ is made for  Damage  Loss in connection with the following described shipment:

\_\_\_\_\_  
(Shipper's Name)

\_\_\_\_\_  
(Consignees' Name)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Shipper's Address)

\_\_\_\_\_  
(Consignee Address)

\_\_\_\_\_  
(Shipper's Phone Number)

\_\_\_\_\_  
(Consignee Phone 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 \$

**\*\*\*\*\* All damaged freight MUST be held for salvage. \*\*\*\*\***

The following documents are submitted in support of this claim:

- \* • Original Bill of Lading
- \* • Original paid freight bill or other carrier document bearing notation of loss or damage if not shown on freight bill
  - Carrier's Inspection Report Form (Concealed loss or damage)
- \* • Consignee concealed loss or damage form.
- \* • Original invoice or copy
- Shippers concealed loss or damage form
- Other particulars obtainable in proof of loss or damage claimed.

NOTE: the absence of any document called for in connection with this claim must be explained. When impossible for claimant to produce original bill of lading, or paid freight bill, a bond of indemnity must be given to protect carrier against duplicate claim supported by original documents.

Remarks \_\_\_\_\_

The foregoing statement of facts is hereby certified as correct.

\*\*\*\*\*

PLEASE BE SURE YOU HAVE INCLUDED A COPY OF YOUR INVOICE FROM YOUR SHIPPER TO SUBSTANTIATE THE VALUE OF MERCHANDISE CLAIMED. CLAIM WILL NOT BE PROCESSED WITHOUT APPROPRIATE DOCUMENTATION

\_\_\_\_\_  
Claimant's Name (Must be Legible)

\_\_\_\_\_  
Claimant's Address

\_\_\_\_\_  
Claimant's Phone Number