

Standard Form for the Handling of Concealed Loss and Concealed Damage Claims

CONSIGNEE'S FORM

Information Required from Consignee in Support of Claim for Concealed Loss or Concealed Damage

Shipper's Claim No. _____ Consignee's Claim No. _____

DESCRIPTION OF SHIPMENT

Point of Origin _____ Destination _____

Date _____ Number of Packages _____

Shipper _____ Consignee _____

Commodity _____

1. When (date and hour) was shipment received at your place of business? _____

2. Name of Truckman _____

3. What protection was given shipment while in possession of truckman? _____

4. If not received by truckman, state how received _____

5. On what date was loss or damage discovered? _____

6. On what date was carrier notified of loss or damage? _____

7. Kind of container _____

8. How was package protected against abstraction of or damage to contents (strapped, sealed, or otherwise)? _____

9. Was container examined before opening? _____ Or after opening? _____

10. If condition of container at time of such examination indicated cause of loss or damage, explain fully _____

11. If condition of contents or interior packing indicated loss or damage, explain fully _____

12. If property received did not fill container to capacity, what material occupied the remaining space? _____

*13. State whether or not shipment was insured against loss or damage while in transit over any portion of the route _____

*14. If insured, state whether any provision of the insurance policy covers carrier's liability _____

15. What condition of container or contents indicated that loss or damage occurred while in possession of carriers? _____

* Applicable to import and coastwise shipments only.

I hereby certify the foregoing statement of facts to be true in every particular.

Dated at _____ Signature.

Date _____ 19 _____ In what capacity employed.