FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS

CENTRAL FREIGHT LINES, INC. P. O. BOX 2638 WACO, TEXAS 76702-2638		This Claim Is Made By: Company Name Address City		
(Fax# 254-741-5295)		City State	Zip	
ATTN: Loss and Damage Claims		Phone # () Email Address		
Claimant's Claim #		Date Claim Presented		
This claim in the amount of \$ is made against Central Freight Lines, In for () Shortage () Damage in connection with the described shipment:				
Freight Bill #		Date of Shipment		
Shipper		Origin		
Consignee		Destination		
Invoice # Purchase Order # Detailed statement showing how amount claimed is determined:				
Detunea stat			Amount	Claimed
Quantity	antity Description of Merchandise		Unit	Extended
	Repair or Discount Amount			
	Freight Charges (If Applicable) Total Claimed			
Your help in providing the following information will allow us to process your claim much more quickly:1) Original Invoice4) Original Bill of Lading *2) Inspection Report (If claim is for damage)5) Paid Freight Bill *3) Repair Invoice (If damage is repaired)6) Delivery Receipt				
The foregoing statement of facts is hereby certified to as correct and in accordance with all conditions of the Uniform Bill of Lading.				

Signed

*If the claim is not supported with the Original Bill of Lading and the Original Paid Freight Bill, the claimant should also sign the following Indemnity Agreement:

This is to indemnify Central Freight Lines, Inc. or its connections against any loss that may arise from payment of the claim which is filed without the Original Bill of Lading and/or Paid Freight Bill.

Signed

Note: It is the duty of the consignee to retain damaged merchandise and its shipping container until the investigation of the claim is completed. It is likewise the duty of the claimant, where there is substantial value in the salvage, to accept and handle it in such a manner as to mitigate the claimed loss as much as possible, either through repair or discounted sales. F-14A

Date

Date