



LOSS AND/OR DAMAGE CLAIM
RIST Transport Ltd
 369 Bostwick Road Phelps, NY 14532
 LTL or Truck Load

Date: _____
 Claimant Reference Number: _____
 Carrier's Tracking/Pro Number: _____
 This claim is for: \$ _____

The Claim is filed for:
 Visual Damage (noted on freight bill)
 Shortage (noted on freight bill)
 Concealed Damage (discovered after delivery)
 Concealed Loss (discovered after delivery)

Shipper	Consignee
Name:	Name:
Address:	Address:
Name of Carrier on Bill of Lading:	Name of Delivering Carrier:
Ship Date:	Date of Delivery:
Remit to:	Weight of Damaged or Lost Freight:

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

(Number and description of articles, nature and extent of loss or damage, invoice prices of articles, amount of claim etc.
 ALL DISCOUNT AND ALLOWANCES MUST BE SHOWN.)

Claim Breakdown	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Amount Claimed	\$

The following documents are submitted in support of this claim:

- Original Bill of Lading
- Original Invoice from seller
- Original paid freight bill or other carrier document bearing notation of loss or damage if not shown on freight bill
- Carriers Inspection Report Form (Concealed loss or damage).

- Shipper concealed loss of damage form.
- Consignee concealed loss of 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 claimants 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.)

INDEMNITY AGREEMENT

In the absence of the Original Freight Bill and/or Original Bill of Lading, we agree to hold the above named carrier to whom this claim is presented and any other participating carrier, harmless and indemnified against any and all lawful claims which may be made against it or them arising out of the same shipment and will pay to the said carrier and any participating carrier(s), all losses, damages, costs, counsel fees or any other experiences which they or any of them may suffer or pay by reason of payment of our claim, herein described, without the surrender of the original freight bill or Bill of Lading, as such was not provided and/or cannot be located.

Printed Claimant Name

Date

Claimant Signature

Claimants Company Address

Claimant Company

Claimant Title