



# Standard Form for Presentation of Loss and Damage Claims

Date \_\_\_\_\_ Claim Reference Number \_\_\_\_\_ Carrier Reference number \_\_\_\_\_

Your Name (First & Last) \_\_\_\_\_ Your Phone Number \_\_\_\_\_ BGI Bill of Lading Number \_\_\_\_\_

Name and address of Claimant \_\_\_\_\_ Name and address of Carrier \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This claim for \$ \_\_\_\_\_ is made against the carrier named above by \_\_\_\_\_ for

loss  damage in connection with the following described shipments of paid Freight Bill (Pro) Number \_\_\_\_\_

Name and address of Consignor (Shipper) \_\_\_\_\_ Final Destination - Name and address of Consignee (whom shipped to) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Bill of Lading \_\_\_\_\_ Date of Delivery \_\_\_\_\_

If shipment reconsigned enroute, state particulars \_\_\_\_\_

## 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.)

SHOW ALL DISCOUNTS AND ALLOWANCES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TOTAL DOLLAR AMOUNT CLAIMED \_\_\_\_\_

In addition to the information given above, the following documents are submitted in support of this claim

(Please attach when submitting)

- 1. Original bill of lading, if not previously surrendered to carrier.
- 2. Original paid freight (expense) bill.
- 3. Original invoice or certified copy.
- 4. Concealed loss or damage form from:
  - Shipper  Carrier  Consignee
- 5. Other particulars obtainable in proof of loss or damage claimed \_\_\_\_\_

Explain the absence of any document called for in this claim. \_\_\_\_\_

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 carriers all losses, costs, damages, counsel fees or 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.

Foregoing statement of fact is hereby certified as correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Claimant (Please print)

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, State, Zip Code

**Submit**

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