

Standard Form for Presentation of Loss and Damage Claim

TO: MURROW'S TRANSFER <hr/> P.O BOX 4095 <hr/> HIGH POINT, NC 27263 <hr/> This claim for \$ _____ is made against the above carrier for Loss Damage in connection with the following shipment:	DATE OF CLAIM: <hr/> Must be returned in original carton, no wrapping unless it shipped that way... No bubble wrap or blanket wrap
---	---

MANUFACTURER NAME: <hr/>	CONSIGNEE'S NAME: <hr/>
POINT SHIPPED FROM: <hr/>	FINAL DESTINATION: <hr/>
BILL OF LADING NUMBER / DATE OF BOL: <hr/>	DATE OF DELIVERY: <hr/>
ACKNOWLEDGEMENT NUMBER: <hr/>	MURROW'S CONSIGNEE NUMBER: <hr/>

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 discounts and all allowances must be shown.

Item Number:		Amount:	
Damage Details:			
Item Number:		Amount:	
Damage Details:			
Item Number:		Amount:	
Damage Details:			

Repair Estimate:	Total Amount:	
------------------	---------------	--

The Following documents are submitted in support of this claim, check all that apply:

	Original bill of lading, if not previously surrendered to carrier.		Original paid freight ("expense") bill.
	Original invoice or certified copy showing claimants cost.		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 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 name carrier to whom this claim is presented and any other participating carrier harmless and indemnified against any and all lawful claim 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) any losses, damages, costs, counsel fees or any other expenses 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.

Please make sure to fill out as detailed as possible. Also, make sure to include damage details, cost of the piece, and/or cost of repair. Please send pictures of the damaged piece(s), and of the carton(s). Have piece(s) cartoned and ready for us to pick-up if required. Must be in original carton or wrapping or the driver will not pick up. Thank you...

Carrie Burton | Claims Department | OS&D
 1660 Blair Street | Thomasville, NC 27360
 Phone: 800.669.2928 Ext. 217 | Fax: 336.475.2411
 Email: carrie@murrows.com

NAME TITLE:

EMAIL:

ADDRESS:

CITY, STATE, ZIP

PHONE:

FAX:

SINGATURE:
