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| Palmetto State Transportation, LLC | CUSTOMER COMMUNICATION | | |
|---|---|---|---|
| | Location: Greenville | Originator: Susan N. Copeland<br>Approval: Barry Martin | Revision: G<br>Effective: 7/20/16 |
| **Title: PRESENTATION OF LOSS AND DAMAGE CLAIMS FORM** | **FORM071** | | |

Approved by the Interstate Commerce Commission, The Freight Claim Association, National Industrial Traffic League and the National Association of Railway Commissioners.

_____ (Name of person to whom claim is presented)

_____ (Address of claimant)

_____ (Claimant's Number)^

_____ (Name of Carrier)

_____ (Date)

_____ (Carrier's Number)

_____ (Address)

This claim for $_____ (Amount of Claim) is made against the carrier named above by _____ (Name of claimant)

for _____ (loss or damage) in connection with the following described shipments:

Description of shipment: _____

Name and address of consignor (shipper): _____

Shipped from: _____ (City, town or station) To: _____ (City, town or station)

Final Destination: _____ (City, town or station) Routed via: _____

Bill of Lading issued by: _____ Co. Date of Bill of Lading: _____

Paid Freight Bill (pro) Number: _____ Original Car Number and Initial: _____

Name and address of consignee (Whom shipped to): _____

If shipment reconsigned enroute, state particulars: _____

_____

**DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED**

(Number and description of article, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)

| | |
|---|---|
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| | |
| Total Amount Claimed: | |

**IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM.***

( ) 1. Original bill of lading, if not previously surrendered to carrier.
( ) 2. Original paid freight ("expense") bill.
( ) 3. Original invoice or certified copy.
( ) 4. Other particulars obtainable in proof of loss or damage claim:

_____

_____

Remarks:

_____

_____

_____

The foregoing statement of facts is hereby certified as correct.

_____ (Signature of claimant)

Form may be returned via email to Claims@palmettostatetrans.com or faxed to 864-672-3810

^Claimant should assign to each claim a number, inserting same in the space provided at the upper right hand corner of this form. Reference should be made thereto in all correspondence pertaining to this claim. *Claimants will please place check (x) before such of the documents mentioned as has been attached, and explain under "remarks" the absence of any of the documents called for in connection with this claim. When for any reason it is impossible for claimant to product original bill of lading, or paid freight bill, claimant should indemnify carrier or carriers against duplicate claim supported by original documents.



Unpublished Work – Palmetto State Transportation, LLC