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## **Standard Form for Presentation of Loss and Damage Claims**

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

(Name of Company Filing Claim)	(Address of claiman	nt)	(Claimant's Number)	
(Name of Hauling Carrier)	(Date)		(Carrier's Number)	
(Address)		(MC Number)		
The claim for \$ (Amount of Claim)	is made against the carrie	t the carrier named above by  (Name of Claimant)		
		nection with the following described shipments:		
	)		•	
Product Description:				
	(I.E., Corrugate	ed Boxes, PVC Pipes, Hay, Bott	led Water)	
BOL#: PLS PRO#:				
Date Shipped: Shipper N	Name & Location:			
Location of Product:	Is t	he product available for Ir	aspection? YES NO	
Were Pictures Taken? : YESNC				
Name and address of Receiver (Consig	nee):			
	MENT SHOWING HOW A			
(Number and description of article	s, nature and extent of loss of	damage, invoice price of arti	cies, amount of claim, etc.)	
AND EACH INC	THE THE FOLLOWING	Total Amoun		
	LUDE THE FOLLOWING RWORK IS NOT AVAILABL			
( ) 1. Bill of Lading w /notation of wet, dar	naged, ripped or similar	( ) 4. Proof of Deliver	y if Different from BOL	
( ) 2. Copy of Original Invoice (Must be actual cost, no mark ups)		( ) 5. Any Receipts showing Repair Cost		
( ) 3. Inspection Report		( ) 6. Color Photos (Email or Mail to PLS Claims Dept.)		
The foregoing statement of facts is hereb	y certified to as correct:			
(Individual Completing Report)		(Date Subm	(Date Submitted to PLS)	