



Dear Customer:

Attached is a standard claim form for your use in filing a claim for loss or damage. Please complete the attached form and return to the claim department along with the following documents to support your claim.

- Original Bill of Lading
- Evidence of PAID freight charges
- Original or certified copy of the complete invoice from your vendor showing all discounts or allowances that were given
- Any repair orders, time sheets, invoices, etc.
- Inspection report (concealed damage case)
- Any other documents relating to the shipment

It is important to retain all salvage material and packaging until your claim is resolved.

You as a claimant have an obligation under the bill of lading contract to mitigate damages to the best of your ability.

If the item(s) can be repaired, sold "as is" or utilized with an allowance (discount), your claim should be filed accordingly in order to meet your contractual obligation to mitigate loss.

If your claim is for "concealed damage" it will be investigated and processed in accordance with regulations which govern this type of claim.

We apologize for any inconvenience you may have experienced due to this incident. We certainly appreciate your business and trust we will be able to resolve this matter to your satisfaction.

Very truly yours,

N&M Transfer Co., Inc.  
630 Muttart Road  
Neenah, WI 54956

Claims can be submitted via email at [claims@nmtransfer.com](mailto:claims@nmtransfer.com)

# STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

TO: N&M Transfer Company, Inc.  
630 Muttart Road  
Neenah, WI 54956

DATE: \_\_\_\_\_  
CLAIMANT'S # \_\_\_\_\_  
CARRIER CLAIM # \_\_\_\_\_

THIS CLAIM FOR \$ \_\_\_\_\_ IS MADE AGAINST YOUR COMPANY FOR DAMAGE/LOSS IN REGARDS TO THE FOLLOWING SHIPMENT:

Shipper Name:	Consignee Name:
Point Shipped From:	Final Destination:
Carrier Issuing Bill of Lading:	Name of Delivering Carrier:
Date of Bill of Lading:	Date of Delivery:
Routing of Shipment: <del>PAID</del> PREPAID <del>COLLECT</del>	Delivering Carrier's Freight Bill #:

DETAILED STATEMENT SHOWING HOW AMOUNT IS DETERMINED  
(NUMBER AND DESCRIPTION OF ARTICLES, NATURE AND EXTENT OF LOSS/DAMAGE, INVOICE PRICE OF ARTICLES, AMOUNT OF CLAIM, ETC. ALL DISCOUNT AND ALLOWANCE MUST BE SHOWN.)


NMFC ITEM NO. OF COMMODITY LOST/DAMAGED \_\_\_\_\_ TOTAL AMOUNT CLAIMED \_\_\_\_\_

THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM:

_____ ORIGINAL BILL OF LADING	_____ ORIGINAL INVOICE OR CERTIFIED COPY
_____ ORIGINAL PAID FREIGHT BILL	_____ COPY OF DELIVERY RECEIPT BEARING
_____ CARRIER'S INSPECTION REPORT FORM	NOTATION OF LOSS/DAMAGE
(IN CASE OF CONCEALED DAMAGE)	
_____ OTHER PARTICULARS OBTAINABLE IN PROOF OF LOSS/DAMAGE _____	

(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 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.

THE FOREGOING STATEMENTS OF FACTS IS HEREBY CERTIFIED AS CORRECT:

_____	_____	_____
DATE	CLAIMANT'S NAME	SIGNATURE
_____		_____
COMPANY & ADDRESS		TITLE