

## FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS

Central Freight Lines, Inc.  
 Attn: Loss & Damage Claims  
 P. O. Box 2638  
 Waco, Texas 76702-2638  
 Fax: (254) 741-5295  
[claimssubmissions@centralfreight.com](mailto:claimssubmissions@centralfreight.com)

**This Claim Is Made By:**  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (     ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Claimant's/Your Claim/Ref. No.: \_\_\_\_\_ Date Claim Presented: \_\_\_\_\_

This claim in the amount of \$ \_\_\_\_\_ is made against Central Freight Lines, Inc. for (   ) Shortage (   ) Damage in connection with the described shipment:

Freight Bill/Pro No.: \_\_\_\_\_ Date of Shipment: \_\_\_\_\_

Shipper: \_\_\_\_\_ Origin: \_\_\_\_\_

Consignee: \_\_\_\_\_ Destination: \_\_\_\_\_

Invoice No.: \_\_\_\_\_ Purchase Order No.: \_\_\_\_\_

**Detailed statement showing how amount claimed is determined:**

Quantity	Description of Merchandise	Weight/Each	Unit Price	Amt./Ext.
	<b>Repair or Discount Amount:</b>			
	<b>Freight Charges (If Applicable):</b>			
	<b>Total Claimed:</b>			

Your help in providing the following information will allow us to process your claim much more quickly:

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| 1) Original Invoice                  | 3) Repair Invoice, if applicable |
| 2) Delivery Receipt/Consignee's copy | 4) Photo's, if available         |

The foregoing statement of facts is hereby certified to as correct and in accordance with all conditions of the Uniform Bill of Lading.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If the claim is not supported with the Original Bill of Lading and the Original Paid Freight Bill, the claimant should also sign the following Indemnity Agreement:*

This is to indemnify Central Freight Lines, Inc. or its connections against any loss that may arise from payment of the claim, which is filed without the Original Bill of Lading and/or Paid Freight Bill.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** It is the duty of the consignee **to retain damaged merchandise and its shipping container until the investigation of the claim is completed.** It is likewise the duty of the claimant, where there is substantial value in the salvage, to accept and handle it in such a manner as to mitigate the claimed loss as much as possible, either through repair or discounted sales.