Standard Form for Presentation of Loss, Damage, or Over-charge Claim

To: Claims Department
Dugan Truck Line, LLC
PO Box 771380
Wichita, KS 67277

_____
Date

_____
Claimants Claim Number

Toll-free: 800-495-0014 Phone: 316-616-9396 Fax: 316-616-9386 Email: Claims@dugantruckline.com

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This claim for $ _____ is made against the carrier named above by _____
Claimants Name

for _____ in connection with the following described shipment.
Loss, Damage, or Over-Charge

Shipper's Name	Consignee's Name
Origin City, State, Zip	Destination City, State, Zip
Name of Origin Carrier	Name of Delivering Carrier
Date of Original Bill of Lading	Date of Delivery
Connecting Line Reference	Delivering Carrier Freight Bill Number

If shipment was reconsigned in route, state particulars _____

_____

Detailed statement showing how amount of claim is determined.

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

(All discounts and allowances for articles must be shown)

Total Amount Claimed $	

The following original documents are submitted in support of this claim:

( ) Bill of Lading
( ) Original invoice or certified copy
( ) Paid Freight Bill
( ) Carriers Inspection report of copy
( ) Other particulars obtainable in proof of loss or damage claimed

The absence of any document called for in conjunction with this claim must be explained. If original Bill of Lading (or paid freight bill) is not submitted, a bond of indemnity must be given to protect carrier against duplicate claim.

Explanation: _____

Indemnity Agreement

In the absence of the Original Freight Bill/Bill of lading, we agree to hold the carrier to who 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 said 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 surrender of the Original Freight Bill of Bill of Lading.

The foregoing statements of fact are hereby certified to be correct.

Claimant's Name	Phone Number
Address	Signature
City, State, Zip	Email Address