## To: Claims Department Dugan Truck Line, LLC Date PO Box 771380 Wichita, KS 67277 Claimants Claim Number Toll-free: 800-495-0014 Phone: 316-616-9396 Fax: 316-616-9386 Email: Claims@dugantruckline.com This claim for \$ \_\_\_\_\_ is made against the carrier named above by \_ Claimants Name \_\_\_ 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**

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