STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS

FORM CI 139
Revised 5/89

APPROVED BY THE INTERSTATE COMMERCE COMMISSION; FREIGHT CLAIM DIVISION, AMERICAN RAILWAY ASSOCIATION; NATIONAL INDUSTRIAL TRAFFIC LEAGUE, AND THE NATIONAL ASSOCIATION OF RAILWAY COMMISSIONERS.

CARRIER	CLAIMANT	CLAIM NUMBERS
NAME	NAME	DATE OF CLAIM
ADDRESS	ADDRESS	CLAIMANT'S CLAIM NO.†
CITY & STATE	CITY & STATE	CARRIER'S CLAIM NO.

Claim is for:

- ☐ Shortage
- ☐ Damage

AMOUNT OF CLAIM

CARRIER WAYBILL NO. AND DATE

* ATTACHED SUPPORTING DOCUMENTS

- ☐ COPY BILL OF LADING
- ☐ SHIPPERS INVOICE OR COPY
- ☐ PAID FREIGHT BILL
- ☐ OTHER REPORTS, PAPERS, ETC.

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

(NUMBER AND DESCRIPTION OF ARTICLES, NATURE AND EXTENT OF LOSS OR DAMAGE, INVOICE PRICE OF ARTICLES, AMOUNT OF CLAIM, ETC.)

Total Amount Claimed	

Shipper as shown on bill of lading _____ (COMPANY) _____ (CITY & STATE)

Consignee as shown on bill of lading _____ (COMPANY) _____ (CITY & STATE)

Remarks: _____

The foregoing statement of facts is hereby certified to as correct. _____

(SIGNATURE OF CLAIMANT)

† Claimant should assign to each claim a number, inserting same in the space provided at the upper right hand corner of this form. Reference should be made thereto in all correspondence pertaining to this claim.

*Claimant will please place check (X) before such of the documents mentioned as have been attached, and explain under "Remarks" the absence of any of the documents called for in connection with this claim. When for any reason it is impossible for claimant to produce original bill of lading, or paid freight bill, claimant should indemnify carrier or carriers against duplicate claim supported by original documents.