



AGENT'S LOSS AND DAMAGE CLAIM TRANSMITTAL FORM

INSTRUCTIONS

1. Claims should be presented on Standard Form for presentation of loss and damage claims (Form 351) and properly signed by claimants, using full name and title when signed for firm or corporation.
2. Claims must be supported with original bill of lading, original paid freight bill, and original invoice or certified copy showing all discounts. Certification of copies of invoices and any other documents which are required in support of claim must be over signature of claimants, using full name and title when signed for firm or corporation.
 - (a) When original bill of lading or original paid freight bill cannot be furnished, Bond of Indemnity, Form 3791, must be properly executed in lieu of these documents.
3. Claims for loss and damage of a concealed nature must be supported with Standard Forms for the Handling of Concealed Loss and Concealed Damage Claims (Forms 1879, 1880, 1881 and 1882) supplying information indicated thereon over proper signatures.
4. Agents east of Paradise will forward claims to Freight Claim Agent at St. Paul; agents west of and including Paradise will forward claims to Assistant Freight Claim Agent at Seattle. CLAIMS MUST BE FORWARDED PROMPTLY.
 - (a) This form to be made in duplicate, numbered consecutively, beginning with No. 1, first of each year and carbon retained for station record.
 - (b) Freight Claim Department number assigned claim and record of payment, withdrawal or declination, should be posted on station record.
5. Show below station OS&D number. If none issued, explain why omitted or delayed and give full report as to delivery. Agents having special knowledge of unusual circumstances regarding loss and damage, or the amount claimed which would have a bearing on settlement, will cover such circumstances by letter.

Station
 Date....., 19.....
 Agent's No.....
 Claimant's No.....
 Freight Claim Agent's No.....

Herewith enclose claim of.....

Address..... For..... Amount \$.....

On shipment of.....

From..... To..... W/B..... Date.....

OS&D No..... Agent

ACKNOWLEDGMENT

AGENT'S LOSS AND DAMAGE CLAIM TRANSMITTAL FORM

(Agents will fill out this form)

Your Claim No....., date....., claimants.....

....., amount \$.....has been received and is entered on Freight Claim Department records as Claim No.....
Post on your record of claim.

Freight Claim Agent