



STANDARD FORM FOR THE HANDLING OF CONCEALED LOSS AND CONCEALED DAMAGE CLAIMS

CONSIGNEE'S FORM

Information required from Consignee in Support of Claim for Concealed Loss or Concealed Damage

Waybill No.:
Name of Carrier:

Claim Amount:
Carrier's Pro No.:

Description of Shipment

Point of Origin: Description:
Date Received: Shipper:
Quantity of Packages/Crates Shipped: Consignee:
Commodity:

- 1. When (date and hour) was shipment received at your place of business?
2. What is the name of the truck driver who delivered the freight, if known?
3. If freight was not received by a truck, how was the freight received?
4. On what date was loss or damage discovered?
5. On what date was Estes Forwarding notified of loss or damage?
6. How was the freight packaged? (i.e. Crate, Corrugated Cardboard Box, Non-Corrugated Cardboard Box, etc.)
7. How was package protected against abstraction of or damage to contents (i.e. Strapped, Scaled, or Otherwise)?
8. Was container examined before opening or after opening? Yes No
9. Please explain condition of container at time of the examination. (i.e. Did it indicate the cause of loss or damage?)
10. Did the condition of the contents or interior packaging indicate cause of loss or damage. Please explain fully.
11. If property received did not fill container to capacity, what material occupied the remaining space?
12. What condition of container or contents indicated that loss or damage occurred while in possession of carriers?

I hereby certify the foregoing statement of facts to be true in every particular.

(Printed Name)

(Signature)

(Date and Time Signed)

(Title)