



... trademark of trucking KNOW-HOW

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

To: ICX P.O. Box 481 SANTA FE NM 87501 (Date) (Claimant's Number) (Carrier's Number)

This claim for \$ 385 is made against your company for [X] Damage [] Loss in connection with the following described shipment:

Form with fields for Shipper's Name (KITCHEN), Point Shipped From (N.T.C.), Name of Carrier Issuing Bill of Lading (ICX), Date of Bill of Lading (12-06-83), Consignee's Name (VAREUKA), Final Destination (SANTA FE N.M.), Name of Delivering Carrier (ICX), Date of Delivery (12-14-83), and Delivering Carrier's Freight Bill No. (030-002952-0).

If shipment reconsigned en route, state particulars:

If shipment moved from warehousing or distribution point, indicate name of initial shipper and point of origin, and, if known, name of prior carrier or carriers and prior billing reference:

Table titled 'DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED' with columns for description of damage and amount. Includes entries for 'INTERNAL DAMAGE: 5 TRANSFORMER BRACKET'S BENT' (60) and 'EXTERNAL DAMAGE: FLAME PANEL CRACKED AT THE BOTTOM OF FIVE UNITS' (325), totaling 385.

- The following documents are submitted in support of this claim: [] Original Bill of Lading, [] Original paid freight bill, [] Carrier's Inspection Report Form, [] Consignee concealed loss or damage form, [] Original invoice or certified copy, [] Shippers concealed loss or damage form, [] Other particulars obtainable in proof of loss or damage claimed.

(Note: The absence of any document called for in connection with this claim must be explained. When impossible for claimant to produce original bill of lading, or paid freight bill, a bond of indemnity must be given to protect carrier against duplicate claim supported by original documents.)

Remarks:

The foregoing statement of facts is hereby certified as correct. X WOODY VASUKA (Claimant's Name) 176, BOX 100, SANTA FE (Address) N.M. 87501