

Estes Express Lines
Post Office Box 25612
Richmond, Virginia 23260
Phone #(804) 353-1900 Ext. 2234, 2236 or 2581
Fax #(804) 359-3148

Form for Presentation of Loss and Damage Claims

Claimant _____ Date Claim Filed _____
Address _____ Your Reference No. _____
_____ Email Address _____
Claim Amount \$ _____ is made against Estes Express Lines by _____
_____ for Loss Damage
Name of Shipper _____ Address _____
Name of Consignee _____ Address _____
Bill of Lading No. _____ Date of B/L _____
Estes Freight Bill No. _____ Dated _____

(DO NOT OMIT THIS NUMBER)

STATEMENT OF LOSS OR DAMAGE and number and description of articles, nature and extent of loss or damage, item number and invoice price of article, amount of claim, etc., and disposition of salvage, if any.

THE MERCHANDISE CHECKING SHORT FOR WHICH THIS CLAIM HAS BEEN FILED HAS NEVER BEEN RECEIVED FROM ANY SOURCE.

THIS CLAIM IS FILED BY THE OWNER OF THE MERCHANDISE WHO HAS LEGAL RIGHT TO COLLECT FOR THE LOSS OR DAMAGE THAT HAS OCCURRED TO THE SHIPMENT IN QUESTION.

THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED IN SUPPORT OF THIS CLAIM:

- 1) Original Bill of Lading.
- 2) Original paid Freight Bill.
- 3) Original invoice: Photostat or certified copy from vendor.
- 4) Copy of all invoices for replacement parts, material and labor incurred in repairs if applicable to claim.

ALL CLAIMS MUST BE FILED WITHIN 9 MONTHS OF DATE OF DELIVERY. CARRIER HAS 120 DAYS IN WHICH TO CONCLUDE FROM DATE CLAIM IS RECEIVED. YOU MUST RETAIN ALL SALVAGE ON DAMAGE CLAIMS UNTIL DISPOSITION OF THE CLAIM IS KNOWN.

The foregoing statement of facts is hereby certified to be correct:

Signature of Claimant
(PLEASE EITHER MAIL OR FAX YOUR CLAIM, BUT NOT BOTH)