Standard Form for Presentation of Loss and Damage Claims

BEAVER EXPRESS SERVICE, LLC
CORPORATE OFFICE
P.O. BOX 1147
WOODWARD, OKLAHOMA 73802

CLAIM PAYABLE TO:

FIRM NAME

STREET & NO. OR P.O. BOX NO.

CITY OR TOWN & STATE ZIP CODE

CLAIMANTS NUMBER DATE PRESENTED

This claim is made against the carrier for Loss ( ) Damage ( ) to the following described shipment:

WAYBILL NO. WAYBILL DATE ROUTED VIA

SHIPPER ORIGIN

CONSIGNEE DESTINATION

DESCRIPTION OF SHIPMENT SALVAGE RETURNED TO CARRIER?
YES NO

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED
(Number and description of articles, nature and extent of loss or damage, invoice price or articles, amount of claim, etc.)

Total Amount Claimed	

1. Claim form must be filled out completely. The following three (3) supporting items must be attached before claim can be processed.
   a. Copy of original invoice
   b. Copy of the express waybill
   c. Completed inspection report for damage claims.
   NOTE: Damage inspections should be requested within 15 days of date of delivery.
2. All claims must be filed within 9 months of date of shipment.
3. Your claim will be promptly acknowledged, and a claim number assigned. Please refer to this number in all future correspondence.

REMARKS

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

(Signature of Claimant)