

FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

MAIL TO:
 New Penn Motor Express
 P.O. Box 630
 Lebanon, PA 17042-0630
 ATTN: LOSS & DAMAGE CLAIMS DEPT.

CLAIM PAYABLE TO:

 Claimant

 Mailing Address

 City State Zip Code

 CLAIMANTS NUMBER:

DATE PRESENTED:

This claim is made against the carrier for entire loss () damage () shortage ()
 to the following described shipment:

Fr. Bill # _____ Frt. Date _____ Routed VIA _____

Shipper: _____ Origin: _____
City State

Consignee: _____ Destination: _____
City State

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 of articles, amount of claim, etc. ALL DISCOUNT and ALLOWANCES MUST BE SHOWN.)	
Total Amount Claimed	

To enable us to promptly process this claim, the following documents
SHOULD be submitted:

- ____ 1.) Copy of Paid Freight Bill
- ____ 2.) Copy of Invoice
- ____ 3.) Copy of Bill of Lading (if available)
- ____ 4.) Repair Cost Invoice (Breakdown of Labor & Material)
- ____ 5.) Other Particulars Submitted in Proof of Loss or Damage Claim

Remarks: _____

The foregoing statement of facts is hereby certified as correct.

(Claimant's Name)