## STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

Want a faster response? Use the Loss & Damage Claims, Filing tool to submit the claim electronically.

| Mail to:<br>ABF Freight System, Inc.<br>Cargo Claims & Prevention  | <u>OR</u>    | <b>Fax to:</b><br>479-785-8800                                    |                    | (Date)                          |                                      |  |
|--|--------------|---|--------------------|---------------------------------|--------------------------------------|--|
| Post Office Box 10048<br>Fort Smith, AR 72917-0048<br>Phone: 479-785-8741  |              | (DO NOT MAIL<br>ORIGINALS IF<br>CLAIM IS FAXED                    | )                  |                                 | (Your File Reference)                |  |
| <u>cargoclaims@abf.com</u>   |              |   |                    | (Carrier's Freight Bill Number) |                                      |  |
| This claim is for: 🔲 Dan   | nage         | Loss  |                    |                                 |                                      |  |
| (Shipper's Name)   |              |   | (Consignee's Name) |                                 |                                      |  |
| (Point Shipp   |              | (Final Destination)   |                    |                                 |                                      |  |
| (Date of Bill of   | of Lading)   |   |                    |                                 |                                      |  |
|  | articles. n  | ENT SHOWING HOW<br>ature and extent of loss<br>DISCOUNTS AND ALLO | or dam             | nade, invoice price             | of articles, amount of claims, etc.) |  |
|  |              |   |                    |                                 |                                      |  |
|  |              |   |                    |                                 |                                      |  |
|  |              |   |                    |                                 |                                      |  |
|  |              |   |                    |                                 |                                      |  |
|  |              |   |                    |                                 |                                      |  |
|  |              |   |                    |                                 |                                      |  |
|  |              | ΤΟΤΑΙ   |                    | UNT CLAIMED                     |                                      |  |
| The following documents are su   | ubmitted     | in support of this clair  | n:                 |                                 |                                      |  |
| <ul> <li>Original Bill of Lading</li> <li>Document bearing notation of loss or damage</li> <li>Carrier's Inspection Report Form</li> </ul> |              | or damage   |                    |                                 | e or copy showing cost of goods      |  |
| (Your Company  | y Name)      | F   | Please             | add any commer                  | nts in the space below:              |  |
| (Street Address or Po  | ost Office B | ox)   |                    |                                 |                                      |  |
| ·  |              | ·   |                    |                                 |                                      |  |
| (City, State, Zip)   |              |   |                    |                                 |                                      |  |
| (Your Nar  | ne)          |   |                    |                                 |                                      |  |
| (Your Phone)   |              | (Your Fax)  |                    |                                 |                                      |  |
| (Your Email Address)   | (Your 6-D    | igit ABF Acct. No.)   |                    |                                 |                                      |  |
| ABF's goal is to conclude a  | all claims   | s within 30 days of r   | eceipt             | at its corporate                | offices in Fort Smith, Arkansas      |  |