



Date \_\_\_\_\_ 20\_\_\_\_

**FORM FOR PRESENTATION OF LOSS, OR DAMAGE CLAIM**

Presented To:  
 MTS Freight  
 1450 Carter Drive  
 Helena, MT 59601  
 Phone: (800)-836-1938  
 Fax: (406)-449-4640

\_\_\_\_\_  
 NAME OF CLAIMANT

\_\_\_\_\_  
 STREET OR P.O. ADDRESS

\_\_\_\_\_  
 CITY STATE ZIP CODE PHONE NUMBER

**FOR CLAIM IN CONNECTION WITH THE FOLLOWING DESCRIBED SHIPMENT:**

Shipper \_\_\_\_\_ Point of Origin \_\_\_\_\_

Consignee \_\_\_\_\_ Destination \_\_\_\_\_

Freight Bill Number:		*This Claim for:	\$	
Freight Bill Date:		*Date Received by Terminal:		
Claimants Number:		*Date Received by G.O.:		
For:	Loss	Damage	*Government Claim:	

\* To be filled in by MTS Freight Personnel

**STATEMENT OF LOSS OR DAMAGE**

Number of pieces	Description of Article	Amount of Loss or Damage
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Amount Claimed		\$

**THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED CORRECT:** \_\_\_\_\_  
**SIGNATURE OF CLAIMANT**

**TO OUR CUSTOMERS:**

In order that we might provide you the fastest possible claim service, please submit the following documents to support your claim.

1. Shipper's original invoice or certified copy showing all discounts.
2. Original bill of lading.
3. Freight bill.
4. Indemnity agreement in lieu of original bill of lading or freight bill.
5. Carrier's inspection report, where copy has been provided.
6. Invoice for materials purchased to complete repair or recouping, if applicable.

Every effort will be made to settle your claims as quickly as possible. Your assistance in forwarding all necessary supporting documents will enable us to accomplish this.

**DO NOT WRITE BELOW THIS LINE**

Check Documents Attached

- Delivery Receipt
- Inspection Report
- Bill of lading
- Similar Shipments List
- Supporting Invoices
- Disposition of Salvage. If Sold – How Much? \_\_\_\_\_