

PANAMA TRANSFER STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIMS

CONSIGNEE _____

ADDRESS _____

TOWN, STATE ZIP _____

PANAMA PRO NUMBER: _____

CVL PRO. NO. _____

THIS CLAIM FOR \$ _____ IS MADE AGAINST THE CARRIER NAMED ABOVE BY:

CLAIMANT NAME: _____

ADDRESS: _____

TOWN, STATE ZIP: _____

SHIPPER: _____

ADDRESS: _____

TOWN, STATE ZIP: _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

(NUMBER & DESCRIPTION OF ARTICLES. NATURE & EXTENT OF LOSS OR DAMAGE. INVOICE PRICE OF ARTICLES. AMOUNT OF CLAIM, ECT.)

IN ADDITION TO THE INFORMATION GIVEN ABOVE. THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM.

- () 1. ORIGINAL BILL OF LADING, IF NOT PREVIOUSLY SURRENDERED TO CARRIER.
- () 2. ORIGINAL PAID FREIGHT ("EXPENSE") BILL.
- () 3. ORIGINAL INVOICE OR CERTIFIED COPY.
- () 4. OTHER PARTICULARS OBTAINED IN PROOF OF DAMAGE CLAIMED _____

REMARKS _____

ALL DAMAGE CLAIMS MUST HAVE SALVAGE AVAILABLE TO THE CARRIER TO WHICH THE CLAIM IS FILED AGAINST.

THE FOREGOING STATEMENT OF FACTS IS HERBY CERTIFIED TO AS CORRECT.

(SIGNATURE OF CLAIMANT)