

# 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.)

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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 \_\_\_\_\_  
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**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.

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(SIGNATURE OF CLAIMANT)