

**J&P Hall Express**  
**PO Box 45098**  
**Atlanta GA 30320**  
Phone # (404)762-5063  
Fax # (404)762-9005

Form for Presentation of Loss and Damage Claims

Claimant \_\_\_\_\_ Date Claim Filed \_\_\_\_\_

Address \_\_\_\_\_ Your Reference No \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

Claim Amount \$ \_\_\_\_\_ is made against J&P Hall Express  
by \_\_\_\_\_ for Loss or Damage

Name of Shipper \_\_\_\_\_ Address \_\_\_\_\_

Name of Consignee \_\_\_\_\_ Address \_\_\_\_\_

Bill of Lading No. \_\_\_\_\_ Date of B/L \_\_\_\_\_

J&P Hall Express Bill No. \_\_\_\_\_ Dated \_\_\_\_\_

(DO NOT OMIT THIS NUMBER)

STATEMENT OF LOSS OR DAMAGE and number and description of articles, nature and extent of loss or damage, item number and invoice price of article, amount of claim, etc., and disposition of salvage, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE MERCHANDISE CHECKING SHORT FOR WHICH THIS CLAIM HAS BEEN FILED HAS NEVER BEEN RECEIVED FROM ANY SOURCE.

THIS CLAIM IS FILED BY THE OWNER OF THE MERCHANDISE WHO HAS LEGAL RIGHT TO COLLECT FOR THE LOSS OR DAMAGE THAT HAS OCCURRED TO THE SHIPMENT IN QUESTION.

THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED IN SUPPORT OF THIS CLAIM:

- 1) Original Bill of Lading
- 2) Original paid Freight Bill.
- 3) Original invoice: Photostat or certified copy from vendor.
- 4) Copy of all invoices for replacement parts, material and labor incurred in repairs if applicable to claim.

ALL CLAIMS MUST BE FILED WITHIN 30 DAYS OF DATE OF DELIVERY. CARRIER HAS 60 DAYS IN WHICH TO CONCLUDE FROM DATE CLAIM IS RECEIVED. YOU MUST RETAIN ALL SALVAGE ON DAMAGE CLAIMS UNTIL DISPOSITION OF THE CLAIM IS KNOWN.

The foregoing statement of facts is hereby certified to be correct:

Signature of Claimant: \_\_\_\_\_