

PRESENTATION OF LOSS OR DAMAGE CLAIM

This claim for Loss Damage

TOTEM OCEAN TRAILER EXPRESS, INC.

ATTN: CLAIMS DEPT.
2511 Tidewater Rd.
Anchorage, AK 99501

ATTN: CLAIMS DEPT.
500 Alexander Ave.
Tacoma, WA 98421

TOTE Claim #

BY

(CLAIMANT'S NAME)
(CLAIMANT'S ADDRESS AND PHONE NO.)
(CLAIMANT'S CITY, STATE & ZIP CODE)

(DATE FILED)

(CLAIMANT'S NUMBER)

TOTE Pro. # and B/L Date

(SHIPPER)
(CONSIGNEE)

(POINT OF ORIGIN)

(DESTINATION)

Detailed Statement Showing How Amount Claimed Is Determined

(Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)

TOTAL AMOUNT CLAIMED	

The claimant certifies the foregoing to be correct, and agrees to indemnify the carrier against loss in the event the original Bill of Lading and/or original freight bill are not submitted.

(SIGNATURE OF CLAIMANT)

The Following Documents Are Submitted in Support of 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 obtainable in proof of loss or damage claimed.

Remarks _____

The foregoing statement of facts is hereby certified to as correct.

(SIGNATURE OF CLAIMANT)

THIS SECTION FOR USE BY TOTE OFFICE ONLY

O, S & D	B/L	C/C	P/R	WEIGHT	SAL	AMOUNT	REC	N/L