



Southwestern Motor Transport, Inc.
Attn: Claims Department
4600 Goldfield
San Antonio, TX 78218

CLAIM FILING INSTRUCTIONS

To: _____

Claim Form copies are attached.

Please fill out the claim form as indicated. Important areas of the claim form which sometimes get missed are the Total Amount Claimed and the claimant's signature. Please take care in filling out the claim form completely and accurately as this will help speed up processing of the claim.

Mail the completed signed form along with the supporting documents to:

Southwestern Motor Transport, Inc.
Attn: Claim Department
4600 Goldfield
San Antonio, TX. 78218

PLEASE DO NOT FAX THIS FORM

Documents needed in support of claim:

1. Copy of original invoice indicating value of the shipment.
2. Copy of invoices verifying cost of repairs.
3. Copy of Inspection Report or Photographs if available.
4. Copy of Freight Bill, Bill of Lading or other supporting documents.

STANDARD FORM FOR PRESENTATION OF LOSS AND DAMAGE CLAIM

Mail completed form along with supporting documentation to:

To: Southwestern Motor Transport, Inc.
Attn: Claim Department
4600 Goldfield
San Antonio, TX 78218

(Date Claim Mailed)

(Claimant's Claim Number)

(Carrier's Freight Bill Number)

This claim is made against above named carrier for <input type="checkbox"/> Damage <input type="checkbox"/> Loss	In connection with the following described shipment:
_____ (Shipper's Name)	_____ (Consignee's Name)
_____ (Point Shipped From)	_____ (Final Destination)
_____ (Name of Carrier Issuing Bill of Lading)	_____ (Name of Delivering Carrier)
_____ (Date of Bill of Lading)	_____ (Date of Delivery)

Provide a 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. All discounts and allowances must be shown.

NMFC Item No. of commodity lost or damaged:	Total Amount Claimed	

The following documents are submitted in support of this claim:

Original Bill Of Lading or certified copy Original invoice or certified copy Inspection Report Form

Original paid freight bill or other carrier document bearing notation of loss or damage if not shown on freight bill.

Other _____

INDEMNITY AGREEMENT

In the absence of the Original Freight Bill and/or Original Bill Of Lading, we agree to hold the above named carrier to whom this claim is presented and any other participating carrier, harmless and indemnified against any and all lawful claims which may be made against it or them arising out of the same shipment and will pay to the said carrier and any participating carrier(s), all losses, damages, costs, counsel fees, and any other expenses which they or any of them may suffer or pay by reason of payment of our claim, herein described, without surrender of the Original Freight Bill or Bill of Lading, as such was not provided and/or cannot be located.

The foregoing statements of facts is hereby certified correct.

_____ (Date)	_____ (Name of Contact Filing Claim)
_____ (Company Name)	_____ (Title)
_____ (Claimant's mailing address)	_____ (Signature)
	_____ (Telephone No. of Contact)