



# Claim for Lading Loss or Damage

**DM&E**

**IC&E**

## Claimant Information

Company: \_\_\_\_\_ Claimant's File: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 City St Zip \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

## Shipping Information

Initial and Number (railcar): \_\_\_\_\_  
 Shipper: \_\_\_\_\_  
 Origin (City St): \_\_\_\_\_  
 Receiver: \_\_\_\_\_  
 Destination (City St): \_\_\_\_\_  
 Billing Date (mm dd yyyy): \_\_\_\_\_  
 Unloading Date (mm dd yyyy): \_\_\_\_\_

## Basis of Claim

Claim in the amount of \$ \_\_\_\_\_ is made for  Loss or  Damage  
 Carrier Previously Notified  Yes  No  
 If Yes: Who \_\_\_\_\_ When \_\_\_\_\_  
 Photos Taken  Yes  No  
 Date car received: \_\_\_\_\_  
 Date loss or damage was identified: \_\_\_\_\_  
 Description of Damages: \_\_\_\_\_

Detailed explanation how amount claimed is determined (Enter number of pieces or weight, description of commodity, ect., with applicable prices.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Original, photo or certified correct copy of the following documents as checked are submitted in support of claim: (Submission of all pertinent documents will expedite disposition of claim.)

- Invoice
- Destination Inspection Report
- Bill of Lading
- Paid Freight Bill
- Receipt for Salvage
- Other pertinent Documents, Photos, Scale Weight Tickets
- Loading and Unloading Tally Sheets

Cedar American Rail Holdings  
 ICE/DME Freight Claims  
 PO Box 1260  
 Sioux Falls, SD 57101  
 Phone: 605-782-1332  
 Fax: 605-782-1280  
 Email: [Freightclaims@cedaramerican.com](mailto:Freightclaims@cedaramerican.com)

PLEASE COMPLETE THIS SECTION TO ASSURE COMPLIANCE WITH SECTION 2(b) of BILL OF LADING CONDITIONS.

The undersigned hereby certifies that all statements in this claim are correct, that the prices herein do not exceed the destination value of such property on the due date in the quantity shipped and do not include unearned profit or expenses not incurred; further that such prices are those appearing on original invoice, if issued, less all discounts and allowances, whether or not same actually appear thereon. the undersigned hereby guarantees to protect the Iowa Chicago and Eastern and/or the Dakota Minnesota and Eastern Railroads, or any connecting carriers, against any and all Loss, Damage, Costs, Expenses and Attorneys' Fees which may result from payment of this claim by reason of our failure to support same with the original Bill of Lading and or Paid Freight bill. It is understood carrier reserves the right to request original or copy of any document deemed essential to proper disposition of claim.

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

\_\_\_\_\_  
 Date