Name of person filing claim:	Name of Carrier CXI TRUCKING	DATE	
Name and address of Claimant	Address	Claimant's Number	
	P.O. BOX 1629 City, State, Zip	Claim Number	
City, State, Zip	MELROSE PARK, IL. 60160	Pro Number	
City, State, Zip	FAX (708) 344-9449	Pro Number	
This claim for \$is made against the Carrier named above by			
for loss damage in connection with the fo	ollowing described shipments of paid Fre	ight Bill #	
Name and address of Consignor (Shipper)	Final Destination-Name and address of Con	Final Destination-Name and address of Consignee (whom shipped to)	
Shipped From City, State, Zip	Carrier issuing BL	arrier issuing BL	
Shipped To: City, State, Zip	Date of B/L		
If shipment reconsigned enroute, state particulars			
DETAILED STATEMENT SHOWING HOW AMOUNT CLAIM IS DETERMINED. (Number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc) SHOW ALL DISCOUNTS AND ALLOWANCES			
	TOTAL DOLLAR AMOU	NT CLAIMED	
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 surrendere () 2. Original paid freight (expense) bill. () 3. Original invoice or certified copy.		n from: () Consignee	
Explain the absence of any document called for in this claim.			
WHEN FOR ANY REASON, THE ORIGINAL PA MUST INDEMNIFY CARRIER OR CARRIERS A			
		2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
When the original bill of lading and/or freight the original are submitted in support of the clatharmless the carrier receiving this claim, name any participating carrier all losses, costs, dama resulting from all lawful subsequent duplicate supported by the original documents.	im described above, the claimant agrees ed above, and any participating carriers, a ages, counsel fees or any other expenses i	to indemnify and hold and will pay to the carrier or it (the carrier) may incur which may be filed and	
	Name of Claiman	Name of Claimant	
Date	Street Address	Street Address	
(Signature of Claimant)	City, State, Zip Coo	City, State, Zip Code	